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The Humor Magazine for Nurses

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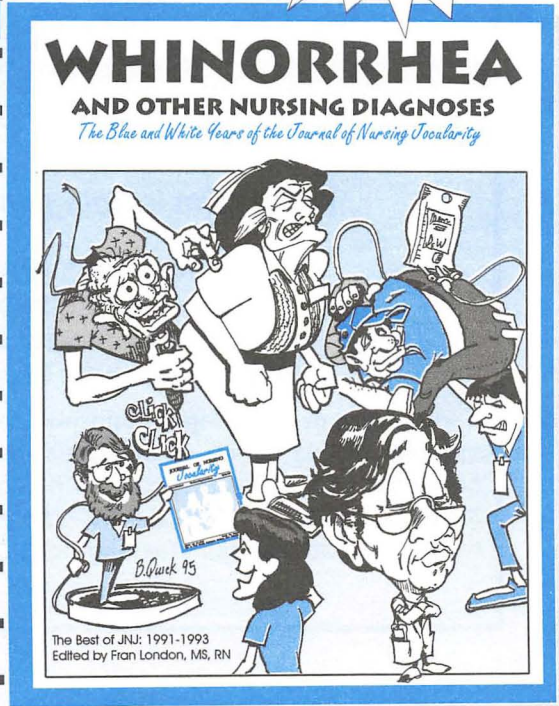


2nd Annual

NURSES MARCH on WASHINGTON

EXPECTING OVER 60,000 NURSES

Dear Registered Nurse Colleague,

Join Us...let us tell our legislators and the public-at-large that any healthcare "reform" measures that downsize nursing will have dire consequences, not only for our patients, but for the existence of our profession. As nurses, we will NOT be displaced by minimally trained and unlicensed aides, we will NOT tolerate being floated indiscriminately to areas outside our fields of expertise, and will NOT stand by while our patients' safety is being sacrificed to big business and insurance dominated healthcare!

Never before has your presence been more urgent. The hospital situation for nurses is getting worse! Corporate greed is surging ahead! Nurses who are losing their jobs will never get them back again! And EVERY nurse is at risk.

Last year REVOLUTION organized the First Annual Nurses March on Washington. We obtained the necessary permits, met with Washington officials, advertised in journals and newsletters, and sent over 400,000 mailings, because... WE ARE FED UP! 35,000 nurses descended upon Washington and rallied in front of the Capitol, and marched down Pennsylvania Avenue to the White House. Now that we have made the public and the politicians aware of the dangers patients face without the care that our clinical expertise offers them, it is imperative that we follow up.

We cannot afford not to speak out and demonstrate about the deteriorating quality of patient care. We cannot put off - even for one minute - saving the livelihood of nurses. And we can't afford to wait around for some group or organization to save us. We must save ourselves! GET INVOLVED!

There are 8,000 hospitals in the U.S. If only ten nurses from each hospital attend the Nurses March on Washington, we will be 80,000 strong! Can any of us afford not to be one of those ten? Imagine 20 nurses from each hospital attending! Imagine every nurse! Now is the time to throw away the " bad rap" we've been given - that we are a predominately "female" profession, more accustomed to whining and complaining and feeling victimized than taking action.

NOW IS THE TIME TO ACT! Now is the time to tell the American public what nurses and nursing are all about. Now is NOT the time for apathy or excuses or timidity in the face of administrators who would like to frighten or manipulate you out of attending the Second Annual Nurses March on Washington. If you act today, you have plenty of time to put in for a day off on May 10th, reserve a hotel room, charter a bus, book an airline flight, organize a car pool, and mobilize your colleagues.

This is OUR chance to save our profession. Do it! GET INVOLVED NOW! Involve your colleagues! Join thousands of R.N.s in this landmark demonstration. The profession you save will be your own!

Friday, May 10, 1996 - 12:00 Noon
West Front of the U.S. Capitol

Now is the time for nurses to let the American Public know what is going on in hospital settings!

•Dangerous Nurse Patient Ratios
•Unlicensed Personnel to Replace R.N.s
•Insurance Company Dominated Health Care!
•Decreased Hospital Stays for Critically Ill Patients

If interested in receiving an information packet: Write to *REVOLUTION - The Journal of Nurse Empowerment*, the sponsor of this March, at 56 McArthur Avenue, Staten Island, New York 10312. Please send a small donation to cover the cost of flyers, program presentation schedule, hotel information and March newsletter. Call (718) 948-4938, the office of *REVOLUTION - The Journal of Nurse Empowerment* for information, 9 A.M. - 9 P.M. EST. To make hotel reservations, call Washington D.C. accommodations at (800) 554-2220 (Mon. - Fri. 9 A.M. - 5 P.M. EST).

We Will Be Heard. Be There If You Care!

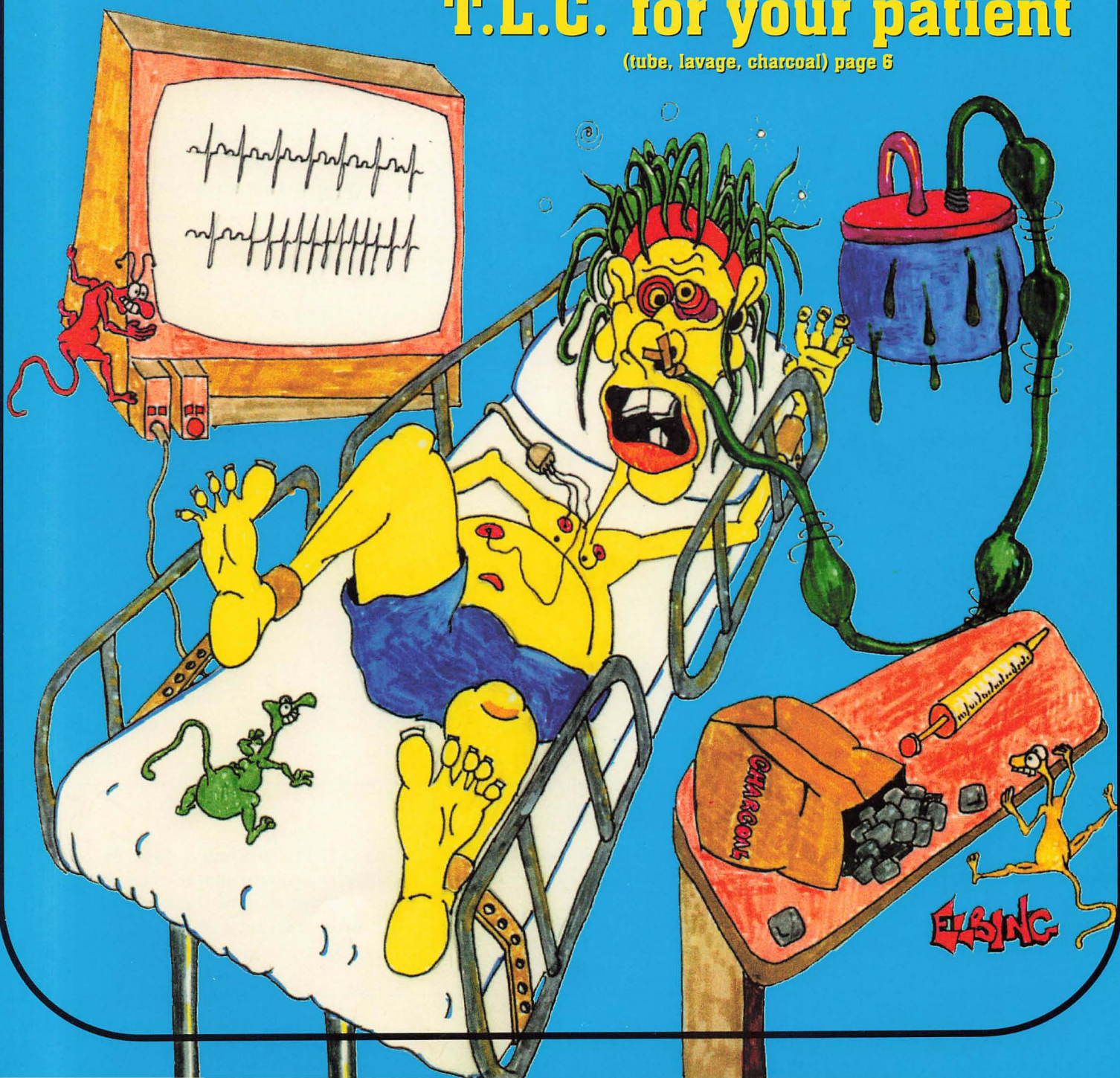
JOURNAL OF NURSING

Jocularity

The Humor Magazine for Nurses
Volume 6, Number 1 - Spring, 1996

T.L.C. for your patient

(tube, lavage, charcoal) page 6



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Journal of Nursing Jocularity®

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EDITOR'S NOTE

The *Journal of Nursing Jocularity* is faced with an ethical challenge. It's our own fault. Since we are the nursing leaders in the therapeutic use of humor, many of the big names in the field are affiliated with us.

Power Publications just released the book, Nursing Perspectives on Humor. It was edited by our own Karyn Buxman, MS, RN, along with Anne LeMoine, PhD, PhD, PhD, PhD, PhD, PhD, PhD. [She has a quadruple doctorate in linguistics (French, English, Dutch and German) and a triple doctorate in politico-economics. But she's humble, and only goes by *Anne LeMoine, PhD.* I added the other PhDs to make a visual statement.]

To toughen *JNJ's* challenge, Karyn collected works from some of the best in nursing humor: Vera Robinson, RN, EdD (the nurse who gave humor in health care a good name), Colleen Gullickson, RN, PhD (editor of the *JNJ* column, "Liven Up"), Patty Wooten, BSN, RN (author of the *JNJ* column, "Jest for the Health of It") and Doug Fletcher, RN (publisher of *JNJ*). Some other contributors to Karyn's book have published articles in past issues and/or spoken at *JNJ's* conferences (Leslie Gibson, BS, RN, Donna Strickland, MS, RN, CS and Sandra E. Ritz, RN, MSN, MPH).

Nursing Perspectives on Humor includes chapters on humor and children, communication, creativity, culture, disasters, education, ethics, performance evaluation, quality improvement, substance abuse, surgery, terminal illness, measuring humor and gallows humor. Everything you wanted to know about humor, but didn't know who to ask. All in one book.

So how can the *Journal of Nursing Jocularity* remain ethical and appropriate, yet keep you informed on the latest in the field? It's one thing when Karyn reviewed Patty Wooten's Heart, Humor & Healing in her column, "HumoRx," (Volume 5, Number 1, page 45). But if Karyn reviews her own book, it could be pushing ethical limits.

Yet, if we don't mention Nursing Perspectives on Humor, you'd wonder why *JNJ* wasn't on top of things. So I decided to just do what I believe is right, rather than call in the Ethics Team. **If you want the latest scoop on humor in nursing, read Karyn's book.** I know it's filled with the best. She had to ask me to write a blurb for the book jacket, because I was one of the few nurses in humor who wasn't published in her book. *Wait a minute . . .*

We knew her when. Many years ago, in Volume 1, Issue 3 of the *Journal of Nursing Jocularity,* Karyn Buxman reviewed Vera Robinson's Humor and the Health Professions: The Therapeutic Use of Humor in Health Care. She ended her column with, "However, when I grow up, I wanna be a 'fairy Godmother of humor' just like Vera Robinson."

Visualization works.

Fran London

Fran London, MS, RN
Editor

Stethoscope:
Listening to our Readers

The article [Out in the Code] was written quite well. It gave me chills when I think of some of the potential situations that nurses can become involved in. Now, I am only a student nurse but my background is twenty-six years in martial arts (and an ex-police officer). At my school I have many doctors and nurses who train to both get in shape and learn how to defend in various situations. I realize most of you have the viewpoint that martial arts are only kicking and punching (mostly thanks to our current movies), but we also utilize techniques to control other people without hurting them. I hope that all of you will consider learning some techniques so that you will be better prepared for violent confrontations.

Ken Richardson, SN
6th-Dan (Black Belt, Isshinryu Karate)
krrichardson@tyler.net

From Mark Darby, author: I don't know if karate is the answer or if laughter better prepares you for danger.

I think a pen-pal column for nurses and nursing students is a fabulous idea and would love to have such a column. As a student married with two children, I would find it beneficial to correspond with other nurses and/or students who understand the pressures and frustrations I may have. It would be great to receive letters from someone who's been where I am now, and knows the journey that lies ahead.

Laura Antonick, SN
Staten Island, NY

I personally would like to correspond with other RNs who, like me, work with cancer patients, the elderly, and with terminally ill patients.

Pam Samp, RN
Billings, MT

Please let me know if you get any other letters from nurses that are looking for pen pals.

Penny Fanhurst
Brooklyn, NY

For those Register Neurotics (ha, ha) and any other nurses who have the desire to meet and write to other nurses, put down your pen and paper and pick up the Internet. Not only do you have direct access to nurses around the world, you also have the ability to join in news groups (like sci.med.nursing), participate in list services (public group e-mail) like NurseNet, and go World Wide Web surfing on some highly informative nursing web pages.

Why settle for "snail mail" (U.S. mail) when you can have the world at your fingertips and instant mail delivery? Programs like PowWow (from Tribal Voice) let you to directly chat with up to six users, send pictures and sounds and transfer information. Matter of fact, I have started a group called "Tribe Nurse"—a listing of nurses who want to chat about nursing issues. Visit my Tribe Nurse page at: http://innet.com/~kathiw/powwow.html and check with your Internet provider to see if they support the Tribal Voice PowWow software. Afterwards, you can always visit your favorite magazine at http://www.jocularity.com/!

Kathi Webster RN
kathiw@innet.com
http://innet.com/~kathiw/index.html

I have been trying to find a way to communicate with other nurses and student nurses. It was a pleasure to pick up my first copy of JNJ and find the letter from Carolyn Libby, RN asking about her letter concerning the same thing. I am a first year nursing student who could use a pen pal.

I found a pen pal forum for SNs on the listserv@bitnet that is fantastic. There are RNs, BSNs, MSNs and MDs on this list also. I copied some other addresses for you.

LISTSERV@VM.UTCC.-UTORONTO.CA in the body of the letter put SUB NURSENET

first name last name LISRPROC @NIC.UMASS.EDU in the body put SUB NRSING first name last name

I found these on the telnet under the host AJN.ORG. I hope that these can be of some use to you.

Samira C. Pitts, SN
PS.PITTS@hal.hahnemann.edu

Publisher's Note: It looks like our readers on the internet agree that email and list servers are a great way to communicate. With the cost of online services at about $10.00 a month for CompuServe, America Online, and Prodigy, all you need is a computer with a modem. These companies all offer free software and 10 hours of free time your first month. If you don't have a computer and are still interested in a pen pal, we are offering our assistance. Send us your name and address, a brief description of your interests, (25 words or less) a self addressed, stamped envelope, and $1 to cover our expenses, and we'll send you a list of others interested in a pen pal. Send it to JNJ Pen Pals, P.O. Box 40129, Mesa, AZ 85274.

If you can believe it, I want to inflict the pain of a PhD program on myself and family. Do you know of any universities that are interested in humor research, not physiological based, but on the nursing education track? Thank you for your help.

Heidi Bakerman
Quebec, Canada

Editor's note: Readers, please tell us you know of a nursing school or faculty member who supports humor research. We'll pass the information along to all who inquire.

I love to laugh with you through the pages of a JNJ. It's a kick to know that good nurses don't have to be glum nurses.

Caryl A. Jones, BSN, RN
Portland, OR

I love the Journal of Nursing Jocularity. It is the only publication I actually read cover to cover. However, the arrival of the newest issue has led me to a rather frightening conclusion. You see, every time your journal arrives I have to fight with my kids to get it! Ben, age 7, can't read most of it, but he loves the cartoons and the drawings so much that he has a temper tantrum when I try to take my Journal away. And Hannah, age 9, has sneaked it to her room until she is done looking at it. Does this mean my poor innocent children are destined to be nurses? AGH!! We will just have to wait for 10 - 15 years and lots of issues to find out.

Miki Friedman-Campbell, MS, RN, NP
Rochester, NY

Send your correspondence to: JNJ Stethoscope, P.O. Box 40416, Mesa, AZ 85274 or email to LaffinRN@Neta.com. We reserve the right to edit letters for length and clarity.

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Tube, Lavage, Charcoal

by Carol Cramer, RN

Some nurses hate overdoses. Not me. I love them. They bring flavor to the department. They add color to my tennis shoes. They permanently stain my new scrubs. They spew chunks in my hair. They use combinations of swear words that boggle my mind. Yet, they are all people in crisis. I feel overdoses come in three types: accidental, recreational and intentional.

Taking care of an accidental pediatric overdose is like a ray of sunshine in my otherwise dreary day. Once I presented to my co-workers a two-year-old girl, her blue eyes peeping out of a face covered with the thick black slime of charcoal. I held her up like an Oscar award and said, "I didn't have to use the tube. She drank the charcoal." So what if she had as much charcoal on her as in her?

Another type of accidental overdose is the street drug overdose. A seventeen year-old was brought in by his friend. The teenager admitted to taking LSD. The patient was complaining because he "felt funny."

"How so?" I asked.

"Everything is blurry and bright. I can't focus. My brain feels fuzzy. I feel like I'm floating."

"You're tripping. That, I believe, is why people take acid," I responded.

I don't need to take acid. Just talking to this kid made my brain feel fuzzy.

LSD users have more bugs than Head Start has head lice. A very attractive young lady was doing a striptease at our nurse's station. She was all the way down to her matching red satin bra and panties when, much to the chagrin of our male nurses, I interrupted. She was convinced she was infested with bugs. She was so intense that I believed her. I searched in earnest for lice, scabies or whatever unidentified evil, creepy, crawly critter had taken residence on this poor girl's body. I was so sympathetic, I began to itch. As I left the room for a pair of tweezers, she screamed, "Get the bugs out of my eyes and throat!"

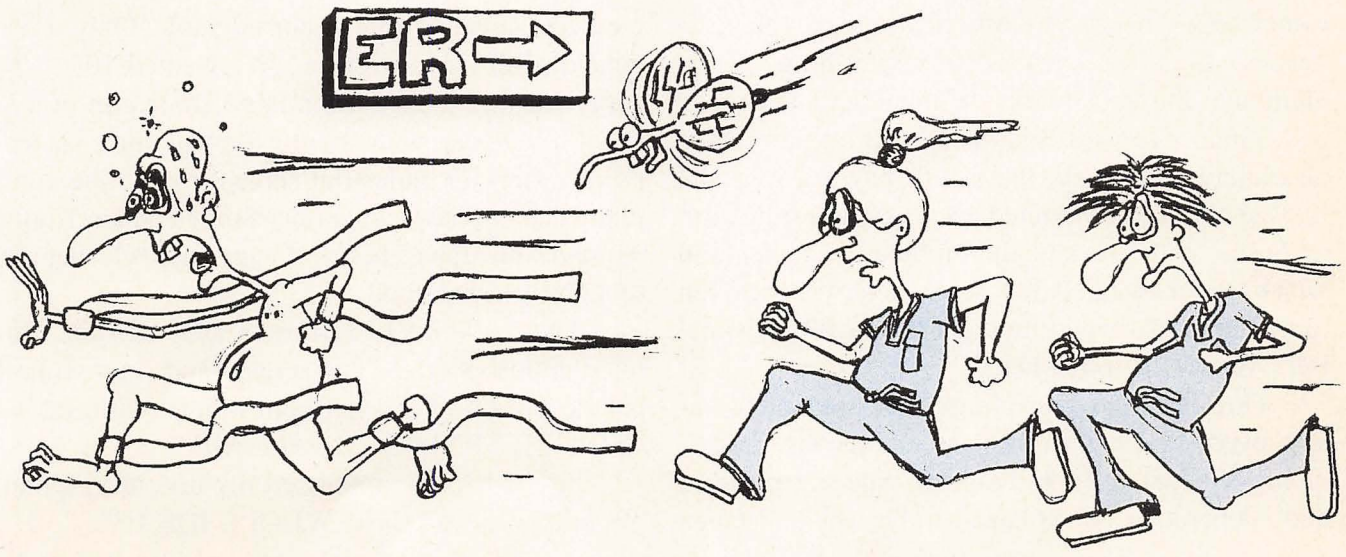
With those words, I knew I had been had. I know exactly where the bugs that get in your eyes and throat come from. They are drug bugs. I barely resisted the temptation to tell her the bugs wouldn't hurt her, but the huge python around her neck might.

A recreational overdoser lives in the trailer park next to the hospital. She likes to take her pills and call 911. The fire trucks, police cars and ambulance all rush to her abode and drive her through the parking lot to our ER. Yes, your Medicaid dollars hard at work.

This friend of the ER, Alice, likes charcoal and she likes "the tube." To top it off (or rather take it off), she is an exhibitionist. She is so adept at oral gastric lavage she can, and sometimes does, put the tube down herself. She makes a point of knowing her nurse's name. Caring for her is an initiation. You're part of the crew when Alice follows you down the hall, naked, your name being screeched out of her toothless charcoal-stained mouth.

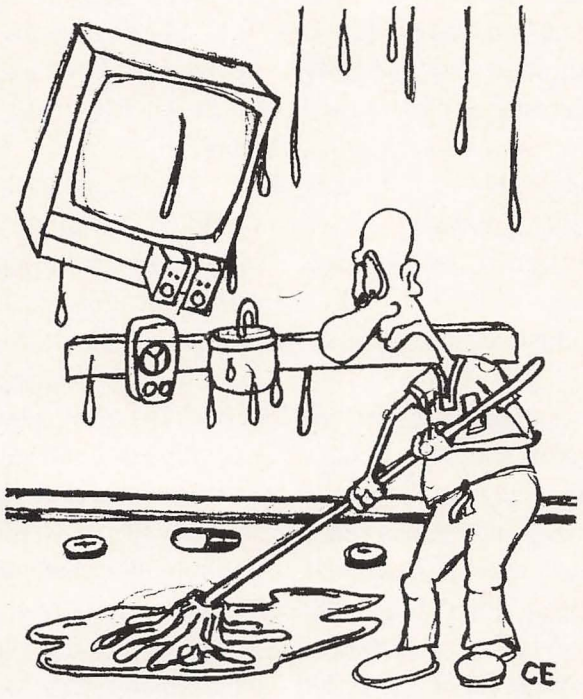
My theory is, if Medicaid covered a night at the bowling alley, people would go there instead of the hospital. Until then, taking nine Motrin and coming to the ER is the only way some people can get entertained on the weekends.

We have a couple of "moral" overdosers who frequent our department. One of them spends time



in our intensive care unit on a regular basis. She thinks it is morally wrong to drink alcohol, so she drinks hair spray instead. When she runs out of money, she goes to the neighbor's homes and asks to use their bathroom. Then she steals their hair spray. However, she's a good person because she doesn't drink alcohol. I tried to understand her reasoning. Once I even tried to reason with her, but it left me needing a drink.

The family overdose always makes for a couple of hours of fun. I recall a group of three and four-year-old cousins, including a set of twins, who got together and ate all of Grandpa's Glucotrol. Then they came, *en masse,* to have their little tummies pumped. After I lavaged the two little twin pumpkins I went to the nurses' station. The doctor asked, "What did you find?" I hoisted my leg on the counter, pointed to my shoes and responded, "I found Sesame Street Spaghetti-O's."



I ask my intentional overdosers, those who take drugs to hurt themselves, why? What prompted this suicide gesture? Always I hear a variation of the same story, "my boyfriend, girlfriend, divorce, finances . . ." The excuses for taking drugs are as endless as the track marks on an addict's arms.

Finances mystify me. They're broke, they have absolutely no money, they can't pay the rent and they're about to be evicted. So they take a handful of Soma, call 911 and the ambulance comes and whisks them away. A few weeks later they're even more depressed when they get the $2,000 hospital bill. What's the point here?

One day, a 16-year-old girl who had intentionally overdosed came into our emergency department. She had taken 250 aspirin. She was pleasant and cooperative. I explained to her she had taken enough aspirin that she could become toxic and die. I went into detail explaining how I would have to put a tube in her mouth and pump her stomach and then put charcoal in it. I told her I would have to draw labs every couple of hours to monitor the level of aspirin in her blood stream.

With a tear-stained face she said she understood. She was a cute girl who appeared to have a brain. My sympathy running rampant, I asked "Why did you do this?"

"Because I hate my brother. We had a big fight."

I said, "Well, that's kind of stupid. You're only hurting yourself. You should have hit your brother."

She said, "I stabbed him four times before I took the pills."

Pulling my foot out of my mouth, I called police and rescue squad. They located her brother. Sure enough, he had multiple stab wounds. I guess I won't ask her to baby-sit my kids.

One suicidal patient drank an entire bottle of windshield cleaner. She must have thought it would give her a clearer outlook on life. To treat her rising methanol level, we gave her ethanol. Only a 5% ethanol drip was available. We wanted 10%. To supplement, we gave her a large Dixie cup of 190 proof Everclear with a little orange juice added. (Kind of an ER industrial screwdriver) She complained about the taste. Pretty funny coming from a woman who drank a bottle of windshield cleaner and thought it tasted good.

The intentional overdosers are often the ultimate philosophers. They scream and fight while I put the tube down and then bellow my favorite quote, "YOU'RE TRYING TO KILL ME."

So far I have suppressed my urge to respond, "WASN'T THAT THE WHOLE IDEA?"

Profile of an Emergency Room Nurse

by Patricia Agostino, RN, CEN

Stance: Defensive. Due to history of abuse by psychos . . . and occasionally even by patients.

Physical Oddity: Oversized lips due to monthly mouth to mouth training. Actually, these lips never touch lips that are attached to patients.

Psychosocial Odity: Defines chronic as anything lasting more than twenty minutes. May explain why she is rumored to have difficulty establishing long term relationships.

Most Dangerous Assignment: Entering full waiting room to announce the winner of the only vacant bed.

Subscribes to: Journal of Emergency Nursing

Reads: Journal of Nursing Jocularity

Major Accomplishment: Maintains composure on a date when she spies, running toward her with outstretched arms, the town derelict slobbering her correct name, "Susie, Susie! C'mere and give me a great big kiss."

Biggest Lies Told to Patients: "I'll be right back." "You're going to be all right." "Oh sure, I've seen worse." "Yes, I think your doctor is good." "No, you aren't going to die."

Biggest Lie Told to Supervisor: "Yes, I'll call you if something big comes in."

Biggest Lies Told to House Staff: "I'm not rushing you, it's the Attending who wants the patient moved upstairs ASAP." "Of course I want you to be thorough."

Biggest Lie Told to Telemetry Nurses: "The patient's coming to you because he has an arrhythmia. The renal failure, diabetic coma and CVA are incidental."

Biggest Lie Told to ICU: The GI Bleed I'm sending you isn't vomiting blood anymore."

Biggest Lie Told to Floor Nurse Who Wouldn't Take Report on the Patient for an Hour: "The patient I'm sending you is stable."

Biggest Lie Told to Attending Who Wanted to be Notified the Moment the Patient Arrived: "Your patient just arrived."

Biggest Lie Told to IV Team: "I couldn't find a vein on the Hepatitis C patient."

Biggest Lie Told to Colleague: "I'm going to lunch now and my MI patient isn't having any chest pain."

Biggest Lie Told to Float Nurse: "Just check on the psych patient, he's calm now."

Biggest Lie Told to X-Ray: "The patient's undressed and doesn't have any necklaces on."

Biggest Lie Told to CAT Scan: "It's an emergency."

Biggest Lie Told to Administration: "Yes, I will get used to calling it the ED."

Inevitable Outcomes in Home Health Nursing

by Marion Jackel Wilson, LPN

Predictable patterns occur all around us. Murphy discovered this, and was able to articulate specific laws of nature (i.e., Murphy's Laws). I have seen similar patterns in home health nursing, and compiled a list of inevitable outcomes. If replicate studies support these, they, too, may be raised to the level of laws.

Subject: Directions. When you ask your patient for directions to his home and he replies:

"Oh, it's real easy to get here."
Outcome: You will get lost and go out of your way by at least ten miles.

"Just follow the road."
Outcome: "The road" will go from paved to blacktop to gravel to dirt with endless curves in between.

"You can stop at any store or gas station and they'll direct you."
Outcome: There is no store or gas station for twenty miles in all directions.

"Oh, just ask anybody. They all know where I live."
Outcome: Nobody in the entire town has the faintest idea of who you are talking about.

"I live right in the curve of the road."
Outcome: The road has at least twelve curves.

"It's the blue house."
Outcome: There are at least four blue houses on that street.

"It's just north of where you are."
Outcome: Your north is not his north.

"Go about two or three miles."
Outcome: Times ten.

"Turn at the third stop sign."
Outcome: There are no stop signs.

"My house is at the end of the road."
Outcome: The road never ends.

"My house is on the corner."
Outcome: There are four corners.

"My house is the one on the hill."
Outcome: All the houses are on the hill.

"Just read the signs."
Outcome: "The signs" were removed six months ago.

"There is no way for you to get here from there."
Outcome: Believe it.

Subject: Getting in the house. When your patient says:

"Just park anywhere in the yard."
Outcome: You get stuck.

"I'm here all the time."
Outcome: Except the time you schedule your visit.

"The street is a little flooded."
Outcome: The water is as high as your dashboard.

"Don't worry about the dogs, they won't bite."
Outcome: They won't bite as long as you stay in your car with the doors locked and windows up. You have to blow your horn and wait for someone to chain them.

"Just come on in."
Outcome: The bullet missed you by an inch.

Subject: Patient Reports. When your patient tells you:

"I have a little pain in my chest."
Outcome: MI is imminent.

"I feel a little weak."
Outcome: CVA is imminent.

"My sugar is a little high."
Outcome: Diabetic coma is imminent.

"My sugar is a little low."
Outcome: She OD'd on insulin.

"I don't think I had a BM yesterday."
Outcome: Or the day before, or the day before, or the day before.

"I'm a little constipated."
Outcome: He is impacted to his ear lobes.

"You're not going to believe this. My catheter came out again."
Outcome: Believe it.

"I fell, but I'm O.K."
Outcome: She has a hip fracture.

Subject: Doctors. When the doctor tells you:

"I didn't get the lab results."
Outcome: The lab lost the blood.

"Just go out there and check on him. It's probably nothing."
Outcome: The patient is on the verge of cardiac arrest.

"Just use your judgment."
Outcome: He won't agree with it.

"Call me if you need any further orders."
Outcome: He won't be there and nobody else will give the order.

"Just teach the patient how to do the care."
Outcome: The patient is deaf, blind and developmentally delayed.

"He just needs one or two short visits for a little wound care."
Outcome: It's a two-hour visit to do sterile cross-country incision dressing.

"That patient doesn't need home health."
Outcome: The patient is totally bedridden, comatose and/or terminal.

"This patient only needs rehab for two weeks."
Outcome: He wants you to perform a miracle in record time.

"You won't believe who needs home health again."
Outcome: Believe it.

"You don't have to call me for every little thing."
Meaning: Yes you do.

"I don't remember giving that order."
Meaning: He doesn't remember giving the order and he's not going to sign it.

"I already signed that order."
Meaning: He didn't sign the order and he won't sign the order.

Subject: Patients don't say exactly what they mean, leading to inevitable outcomes.

"I just cheated a little on my diet."
Meaning: She ate the whole cream pie.

"I just used a little salt."
Meaning: On every forkful of food he put in his mouth.

"I drink plenty of water."
Meaning: Two swallows with morning pills.

"I walked all over today."
Meaning: From the bed to the chair.

"My catheter isn't draining good."
Meaning: It only contains 1200cc instead of the usual 1300cc.

"I already took a bath."
Meaning: Three days ago.

"I changed my own dressing."
Meaning: He put more tape on it.

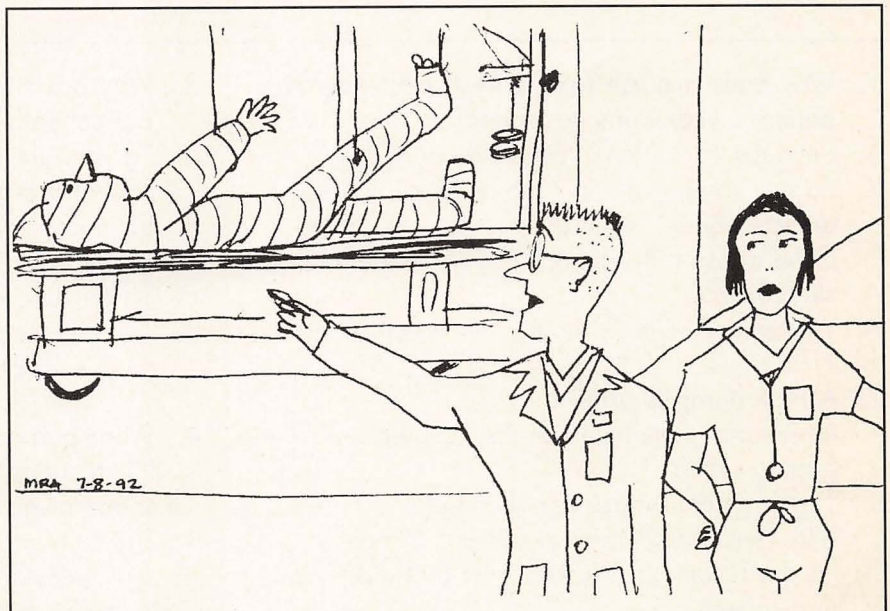
"I have a little sore on my butt."
Meaning: Stage III decubitus.

"I took all my pills like you told me."
Meaning: All at the same time for the entire day.

"I forgot to take my pills."
Meaning: For the last two days.

Subject: Doctor/nurse agreement. When the doctor says:

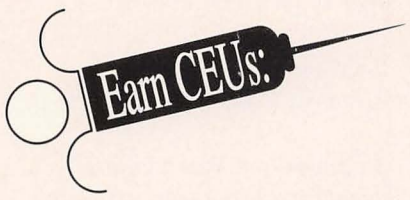
"I'm sick and tired of signing all these recerts."
Corollary: You're sick and tired of writing them.

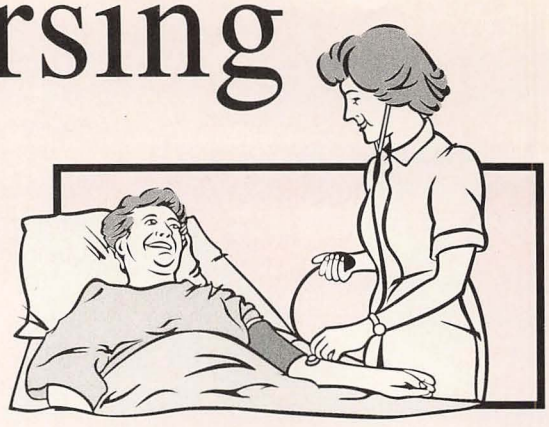


Oh, him? A nurse caught him trying to steal her car after a sixteen hour shift.

Surgical Nursing

by Andrea H. Sangrik, RN, BSNA





Surprise! It's time for another CEU test offering to keep those nursing licenses current. What's the surprise, you ask? Well, this time you have to send $15 in with your test answers and wait six months to find out how many CEUs you'll really be getting. Here's a hint: We suggest you take at least 152 additional CEU tests to meet your quota.

Since this test's topic is surgical nursing, the first fifty nurses to send in a perfect test score by August 18, 1989 will receive a free AM/FM stethoscope radio. We guarantee you'll be the only one on your floor to own such an item, because no one else wants one.

So sharpen those pencils, hunt down that answer sheet and time yourself for this test. You can't take more time than is allotted, because your answer sheet will self-destruct after seven minutes. So, read fast!

Where do you send your completed answer sheet? We told you to keep our address from previous issues. Some people never learn! Incidentally, be sure to buy the next issue of this fine journal, because it will have the secret map that will lead you to the answer sheet.

Now that you're ready, remember our CEU slogan: "Good luck, you'll need it!"

1. Why does a nurse take a fresh post-operative patient's vital signs so often?

A. Because it's written in her union contract.
B. So any complications, such as fever, can be detected early.
C. If she doesn't take them, then someone might steal them.
D. Vital signs? What's that?

2. A PCA pump is used to:

A. Make announcements on the hospital's overhead paging system.
B. Treat acne in Amazonian teenagers.
C. Allow self-medication for patients in pain.
D. Fill the hospital's CEO with hot air before his next speech.

3. Why are Flow Trons wrapped around the post-op patient's legs?

A. To draw the patient's attention to his legs, away from that big ugly scar his surgeon gave him.
B. Because they're not big enough to wrap around his neck.
C. To prevent blood clots from forming.
D. To keep the patient tethered to the bed, so there's no chance of him falling on your shift.

4. What purpose does an E-T tube serve?

A. It is a special Foley catheter for codependent space aliens.
B. The chief of staff uses it to siphon gasoline out of the chief surgeon's Mercedes.
C. It measures the brain waves of patients who watch "Alf" reruns.
D. It provides a patent airway for the patient during surgery.

5. **Which of the following surgical patients is ready for discharge?**
A. The one who has been stable for 48 hours.
B. The one who underwent the most surgical procedures in a two day period.
C. The one who entertains 150 visitors each day.
D. The one who hasn't yet awakened from his anesthesia.

6. **Versed is:**
A. The first name of your new house doctor.
B. A new board game from the creators of Monopoly.
C. A new action thriller movie starring Keanu Reeves.
D. A commonly used preoperative medication.

7. **What does a circulating nurse do?**
A. She sells daily newspapers in the surgical lounge.
B. She moves about the operating room during a procedure.
C. She organizes Scrabble marathons and Twister games between patient cases.
D. She entertains everyone else in the operating room by performing Elvis impressions.

8. **When should a post-operative patient be medicated for pain?**
A. Before he complains about the pain.
B. When he rates his pain as twenty-four on a scale of one to ten.
C. When he is beginning to feel discomfort.
D. When he breaks all the windows and IV bottles in the room by screaming at the top of his lungs.

9. **When do you use TED hose on a patient?**
A. When you run out of Tom, Dick and Harry hose.
B. To send your patient to a costume party dressed as Little Orphan Annie.
C. When your garden hose from home won't fit him.
D. When you wish to increase blood pressure and decrease clot formation.

10. **Why do surgeons and nurses in the operating room wear sterile gloves?**
A. To lessen the chance for patient infections.
B. Because you would waste five condoms to properly use nonsterile gloves.
C. So the surgeon's wedding ring does not fall into the patient's open wound.
D. To prevent those nonsterile gloves from multiplying.

11. **When a surgeon uses staples instead of sutures, it is because:**
A. The surgeon did not take Sewing 101 as an elective course in medical school.
B. The staples will keep the wound closed with less scarring.
C. The surgeon usually jabs himself with the needle, and then needs suturing himself.
D. The craft store was out of thread and needles.

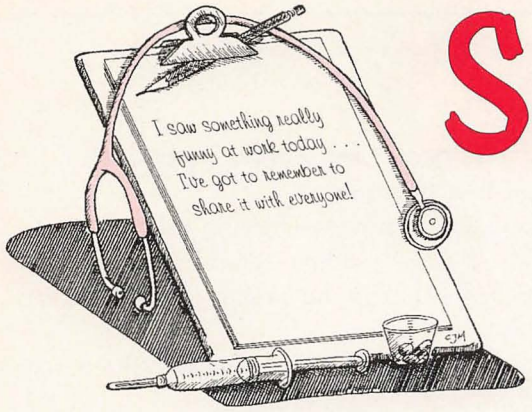
12. **Oxycodone is:**
A. A narcotic painkiller used by post-op patients.
B. The latest new rap artist from Los Angeles.
C. A flavor of Jell-O served in the cafeteria.
D. A rare breed of dog from Lithuania.

13. **A laparoscope is:**
A. Our country's latest defensive weapon.
B. A telescope designed for blind astronomers.
C. An instrument used for certain surgical procedures.
D. A special astrologer for Norwegians.

14. **Operating rooms are cold because:**
A. If the patient catches pneumonia, his insurance company can be billed for extra care.
B. It is a punishment for late surgeons.
C. It prepares the nurses for the hospital's planned relocation to Antarctica.
D. It helps to prevent the spread of infection.

15. **A post-op patient needs to ambulate because:**
A. It stimulates bowel function and relieves gas.
B. It's easier to make the bed when the patient is not in it.
C. There are daily relay races run from the nursing stations.
D. If he is incontinent in the hallway, his just-made bed will remain clean.

Now that you have finished this test (for better or worse), it is time to follow those directions we gave you earlier. If you understood them. Good luck!



Stories From The Floor

With Meatballs?
Cindy Misch, RN

Anita had experienced several episodes of false labor and, as a result, she and her husband, Claude, were well-known to our Labor and Delivery staff. When she finally did give birth late one morning, I slipped into her room, eager to congratulate them. There she sat, enthroned in the bed like a queen, Claude beaming in a chair beside her, lunch trays in evidence.

"So, Anita," I inquired "What did you have?" Triumphantly she announced, "I had spaghetti!"

Let Him Cry
Colleen Schields, RN

We admitted a one-month-old with suspected pyloric stenosis. Because he was hungry and NPO, he cried continously, despite our best efforts at holding and rocking. Mysteriously, the crying came to an abrupt end. I asked the nurse what she had done to calm the child. She said, "Oh, I just gave him a quart of chocolate milk."

Palpitations
Twyla E. Vincent, RN, BSN

After taking the apical pulse of my elderly gentleman patient, I poured out his pills and put them in applesauce, as was his usual routine. When I offered them to him, however, he said he wasn't taking those pills, no sir! I encouraged him, saying he needed them, especially his heart pill because his pulse was irregular just moments ago. Then he peeped up at me, grinned and said "That's because you were standing so close to me."

Peri Pads on Peds
Judy Gentry, RN

One of the occasional adult patients we admitted to our pediatric unit was a gentleman with a draining rectal abscess. We needed to help him maintain his dignity during the frequent dressing changes.

Being accustomed to foul smelling drainage from that end of the anatomy, we came up with a modified diaper. We avoided a lot of tape by using peripads and sanitary panties to hold everything in place. Central Supply was puzzled when we requested not only peri pads, sanitary panties and a sitz bath, but charged it all to a 58-year-old male.

One day, as the patient waddled to the bathroom for his sitz bath, he mumbled, "Now I know how you women must feel!"

MmMm
Akelajo Connell, RN

Our floor, an OB/GYN unit, frequently uses a concoction of milk and warmed molasses as enema solution. One day we asked a student nurse to give an M & M enema (as they are fondly referred to) to a C-section patient. Later, when asking the patient if she had any results she replied, "I guess so, but that stuff was sure hard to swallow."

Testy Testy
Toni D. Helfrick, RN

I began my shift by taking report from an overworked individual with her mind already out the door. She reported the patient had a central line, a Foley catheter, what IV solutions were running and what the CVP readings were. When I assessed the patient, I found his IV lines were correct, but I looked on each side of the bed for the Foley drainage bag. I gently lifted the blanket and said, mostly to myself, "Funny, I don't see it."

The patient said, "Oh yes, ma'am, it's there." So I lifted one of his legs, thinking he was lying on the bag. At that point I noticed his anatomy and there was no Foley! Astonished, I said, "Oh you don't have one!"

My patient became a little testy as he said, "Look, Nurse, I know it's little, but it works fine and it's served me well for over seventy-five years."

How Small are You?
Harold E. Stearley, RN, BSN, CCRN

Having answered one of my patient's call lights, I asked him what I could do for him. He hesitated for a couple of moments as if he was choosing just the right words, and then replied, "I would like a depository because I am compacted."

Next Time, Bother Me.
Susan Frantz, RN, BS

As I prepared a pleasant retarded man on our rehab floor for his morning ADLs, I detected a telltale odor. "Do you have to have a BM?" I asked.

"No" he said, "I already did."

Then, while rifling through his bedside drawer to collect ADL supplies and wash basin, I found a paper bag. I opened it, expecting to find toothbrush, comb or such, but inside was a large brown stool.

"What's this doing in here?" I asked.

He responded sheepishly, "Oh, I didn't want to bother you."

Brass Monkey Treatment
Gloria Flynn, RN, BSN

One morning an aide came racing down the hall pushing a disoriented elderly male resident in a wheelchair. "He just spilled coffee all over his lap!" she exclaimed. We got the resident in bed, assessed the situation and realized the resident would just need minor treatment. As I was applying ice to the affected area, the gentleman, who hadn't spoken a coherent sentence in weeks, looked at me and said, "Is this what it means to freeze your balls off?"

Can You Spell That?
Alba Hernandez, RN

After doing inventory, I found we needed some SMA formula. I called the supply room and asked for a case. The supply tech paused a moment, then asked, "Can you spell that?"

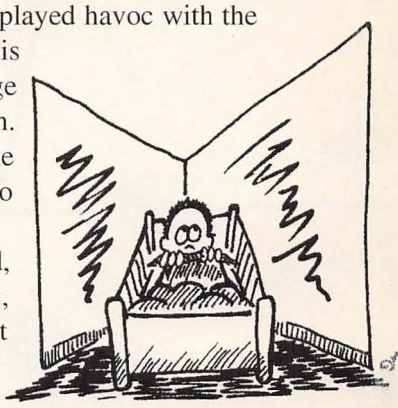
I had to put the phone down and laugh. Then I said to him "S-M-A!"

"I'll check," he said.

After a few minutes, he came back to the phone and said, "We don't have what you want but we have *sma.*"

Therapeutic Communication
June Marks, RN

We admitted a five year old boy into our last vacant bed—the room farthest from the nurses station. Throughout the evening shift he had played havoc with the staff by frequently pushing his call light. During shift change at 10:45 pm he called again. The on-coming nurse used the intercom and said, "What do you want, little boy?"



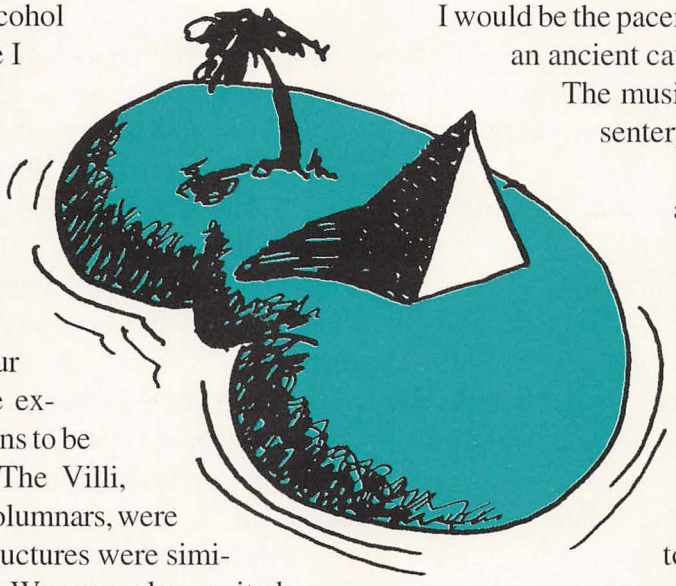
A long pause followed, then we heard, "Nothing, Wall." And the child didn't ring again all night.

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

My Summer Cruise to the Islet of Langerhans

by Sharilyn Button, RN

Somehow, I managed to survive the week and it was finally time to go on vacation. I planned seven days of fun and relaxation. I planned a cruise to the Islet of Langerhans, one of the beta islands in the Mediterranean, just off the coast of Pancreas. Ethyl Alcohol and T.H.C. (a nickname I had for my best friend), were coming along for the trip. As a last resort, we asked Billi Rubin to come along; we knew he would add color and excitement.



We planned to tour the whole Islet, but we expected the internal regions to be the most interesting. The Villi, structured with simple columnars, were located there. These structures were similar to the Greek Ruins. We were also excited about our tour of the Crypts which were really the most intrinsic factors.

Our accommodations did not do much for our aqueous humor, but we decided not to complain, since we wouldn't be spending much time in our rooms. We also had vallate service. Besides, the manager of the hotel did not seem to be very sympathetic. In fact he even acted parotid.

We spent our second day on the Islet scuba diving. Although we were not experienced divers, we wanted to view the Renal Pyramids. There is a legend that Bowman's Capsule, part of a rocket that had been launched to the moon, was located here. Ethyl experienced some difficulty with the pressure in her scuba tank. She ascended too quickly and we thought she had the Mercedes Bends. However, she assured us it was not too serosa.

On day three we decided to take it a little easier. I would be the pacemaker for the day. We toured an ancient cathedral and the circular altar. The music from the chymes was mesentery.

Day four we decided to visit a restaurant that got rave reviews, the Gastric Pits. We were not sure what we should order, so Amy Lase, our waitress, was of great assistance. Liver with hollandaise sauce was the specialty. I did not find it palatable. It gave me symptoms of a spastic colon.

On the fifth day we toured a biochemical factory I thought was a liverly side trip. The others thought it was boring, so they settled for swimming and sunbathing.

The return trip home was uneventful, except for the beauty of the landscape coming through the Haversian Canal. After that, I settled down on the bed for some light reading by Sigmoid Freud.

If Nurses Did Nursing the Way Doctors Do Medicine

by Louis Needle, RN

When Lois Fitzwalter, RN, BSN, passed by the door of room 303, she detected a subtle difference in the quality of the air. She called over Jane Mardale, RN, to consult.

"Take a sniff, Jane," she said. "Tell me what you think."

Jane did so. "Alteration in odor."

"That's what I thought. What type, do you suppose?"

"Not acrid enough for emesis, but a little less sweet than fecal odor. Rectal effusion with a touch of voidulance, perhaps."

"Just what I thought. Does Emma have expertise in this?"

"Multiple systems excretion? Yes, I think so. Let's get her over."

As Jane went to seek out Emma, Lois peeked into the door to determine which client might be the recipient of nursing care. She decided on Mr. Willows in bed 303A, since he was sleeping and the other clients were looking his way with alteration in comfort. As she was making this assessment, Nurse Rogers, LPN, came into the room.

"Oh, another accident, Mr. Willows? Let me clean you up."

"Wait! We haven't finished assessing yet," said Lois.

"Well, let me clean him up first."

"We haven't decided how we want that done."

"What's it matter, as long as it's done?"

"You must be from the surgical floor. We do things differently here, Nurse Rogers."

"Okay. I'll come back later." Nurse Rogers went to the next room. She had a very physical approach to problems, Lois thought. Perhaps she could benefit from some inservices on a more mental technique.

"Here she is," said Jane, bringing Emma into the consultation. The three of them walked over to Mr. Willows' bed and stood around it. Emma lifted the sheet.

"Definitely alteration of bowel and bladder function. Ochre grade number two with significant fluid components. Mr. Willows!" She brought Mr. Willows to wakefulness. He noticed his product.

"Mr. Willows, would you mind if I ask you a few questions?" He indicated he would not mind. "Is this a new problem for you?"

"No. I sometimes get incontinent when I sleep. I'm sorry."

"On a scale of one to ten, how would you rate this particular episode for quantity?"

"Oh, I guess about a five. I've had more. Would you like me to clean myself?"

"No. Nurse Rogers will take care of that. Nurse Fitzwalter, would you consider this to be semi-

formed or soft?"

"Well, Jane has more expertise in that department than I do."

"I would say somewhere in between, but closer to the soft than the semi-formed."

Nurse Rogers returned. Lois asked her, "What approach do you plan to take with Mr. Willows?"

"Well, I'll get him up, clean him off a little and put a new gown on, then send him to the shower. Let me just close his curtain for privacy first."

"No need," said Lois, "What approach do you plan to take? Anterior to posterior?"

The other patients in the room who had not yet left with their breakfast trays lost their appetites. They were trying to make their choices for lunch.

"I'll probably just give him a wash rag and let him do himself, mostly. I'll help out if he misses a spot."

"How could you be sure he'll do it correctly and not posterior/anterior, risking contamination with potential for infection?"

"I'll tell him to clean up again in the shower. Incontinence is incontinence."

"Alteration of bowel and bladder function!"

"Multiple system excretion!"

Lois found the approach of nurses like Rogers irritating, a downgrading of the profession to the level of manual skills without reference to all the work done on researching the interrelatedness of practice and terminology. Her approach was merely to do a job and be done, without appreciating the opportunities for professional development.

"Go ahead. What about the bed?"

"What about it? I'll remake it."

"But, what about Chux?"

"There's a new study," said Nurse Midvale, "showing that 68% of clients have no reaction to Chux against the skin, but 35% show definite level one surface irritation and erythema, with 5% progressing to urticaria."

"I have always put Chux under a sheet or in a pillowcase."

"Really? The study was fairly recent."

"What is the output amount? Is it less than 250 cc?"

"I think greater."

"No, no. The bed would be hyperabsorbed."

"If it's greater than 250 cc, it would qualify as a Mac Douglas episode; less would be merely an alteration. Do you think you could measure the fluid quantity?"

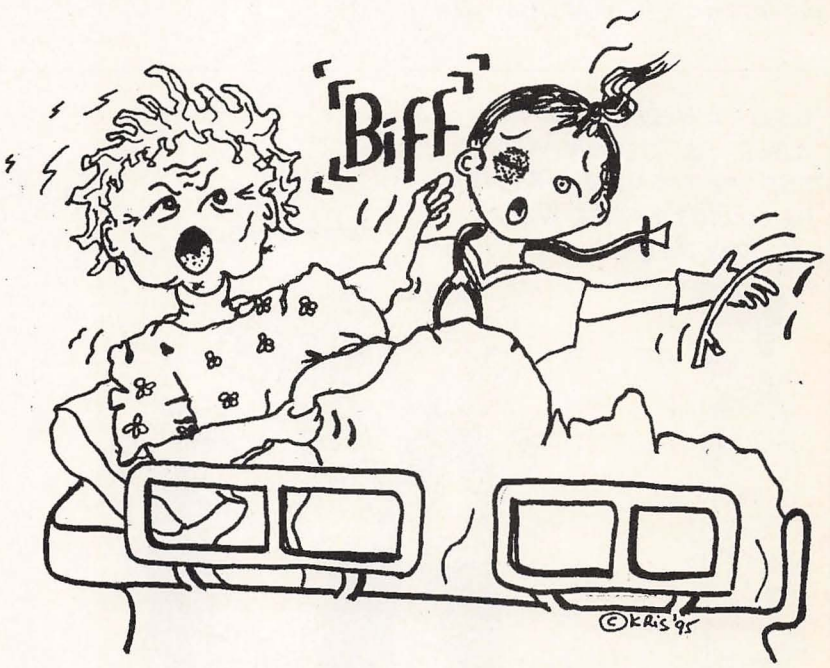
"I'm taking him to the shower," Nurse Rogers said as she walked away with Mr. Willows.

The alteration in air quality was beginning to become noticeable. The nearness of the ochre number two with significant fluid component was altering the comfort of the Professional Nurses.

"Let's see how Mrs. Esterhazy is doing with her alveolar deficits."

"Good idea. Maybe we can formulate a plan of care for her before our committee meeting."

The nurses went on to practice their professional skills in Mrs. Esterhazy's room.



Patient's upper limb contractions exhibit marked improvement following straight cath attempt!

Call Lites!

The JNJ Joke Collection

Q: What do you have if your doctor gives his statement dipped in alcohol?
A: A clean bill of health.
Submitted by Adrian C. Allen

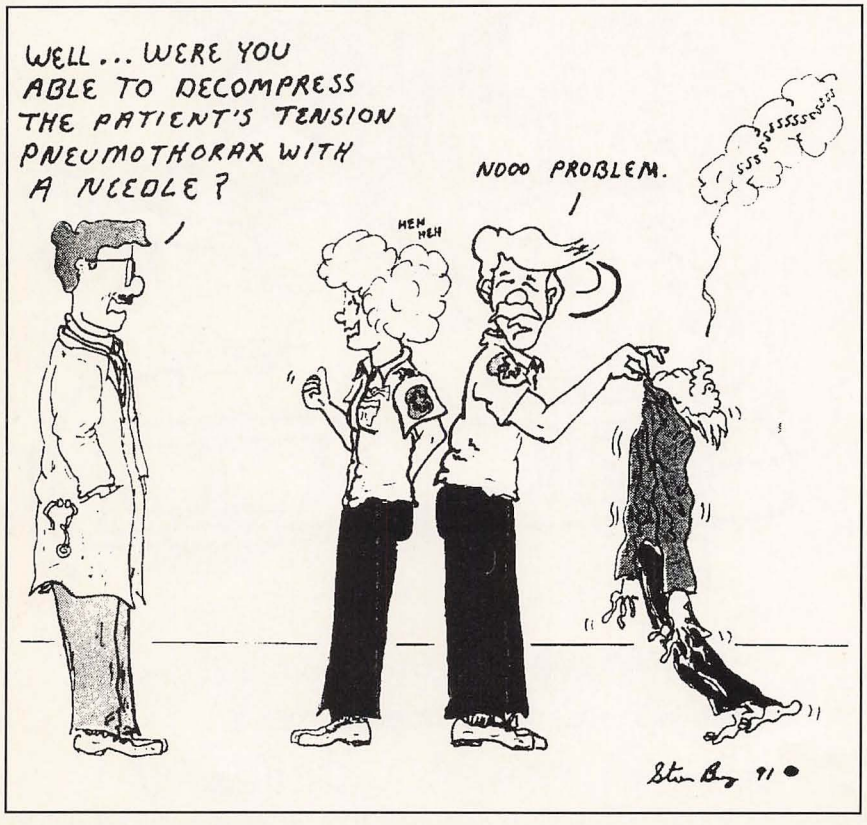
Q: Why was the skeleton afraid to cross the street?
A: Because he had no guts.
Submitted by Karen Emerson

Q: If a tonsillectomy is the removal of your tonsils, an appendectomy is the removal of your appendix and a splenectomy is the removal of your spleen, what is the removal of a growth from your head?
A: A haircut.
Submitted by Beth Murphy, RN, CNOR

Q: What did the Dentist of the Year get?
A: A little plaque.
Submitted by Dorothy F. Stauffer, RN

Q: When an overhead page announces, "Dr. Blue, ICU" on a pediatrics floor, what can you expect to happen?
A: A young patient will peek around the corners saying, "Dr. Blue, I see you, too."
Submitted by Angie Fratus, RN

Q: What kind of fish would make a good doctor?
A: A sturgeon.
Submitted by Kerri Lynn Hilbert, RN



For night shift nurses, sleep is like sex. They're always wondering when it will happen and how long it will last.
Submitted by Ellen Shoun, RN

A body was found in the river with no identity. The coroner performed an autopsy and told the sheriff that the woman was a nurse and he ought to check around the hospitals.

"I thought there was no ID. How can you tell she's a nurse?"

"Well, her bladder's full, her stomach is empty, and her backside has been chewed out. Got to be a nurse."
Submitted by Mandi Gullotta and Sandi Patterson, RN. Both submitted the same week!

Patient: "My bowels moved today."
Nurse: "Did they leave a forwarding address?"
Submitted by Diane Blankenship, RN

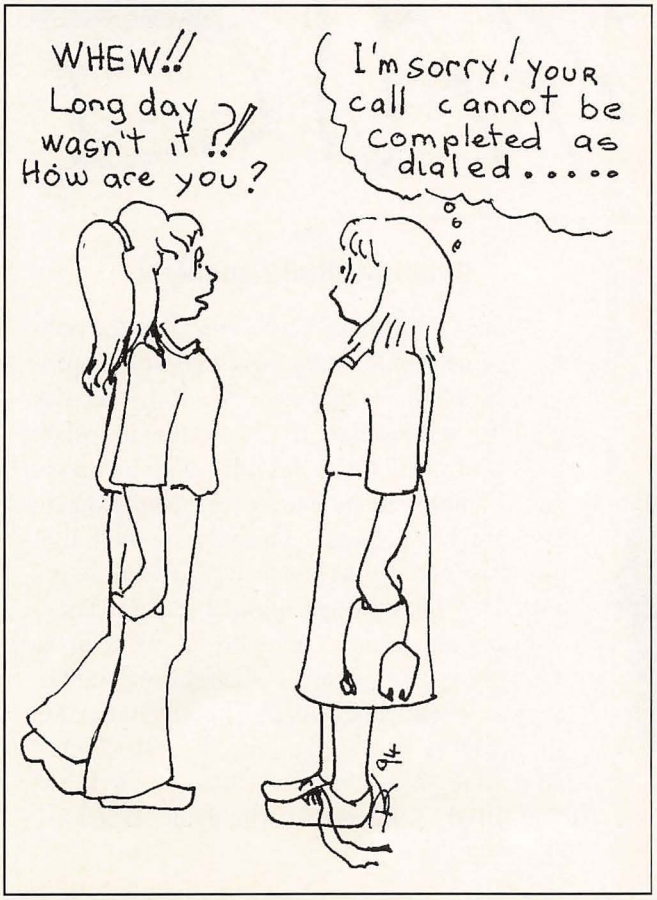
A busy urologist entered one of his exam rooms to find an elderly man sitting in the chair. In the old man's lap was a fine crystal punch bowl filled to the brim with what appeared to be urine.

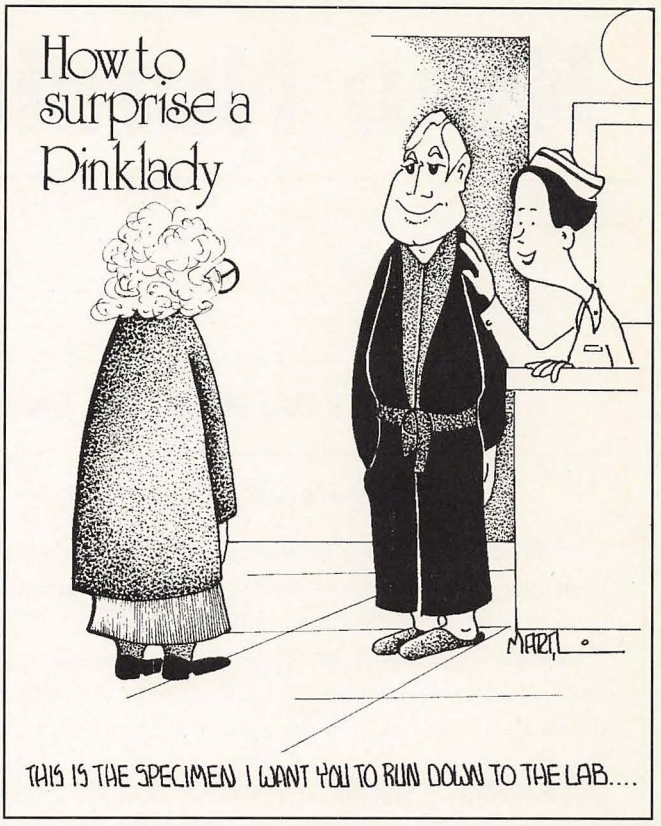
"You didn't drive all the way over to my office with that, did you?" asked the doctor.

"Don't be silly," the patient responded, "I took the bus."
Submitted by March Warn, RN, CNOR

A nursing supervisor and a charge nurse were debating whether sex could be considered work or pleasure. The supervisor thought 50/50, but the charge nurse argued that only 25% was work. To resolve this, they asked a staff nurse her opinion.

"100% pleasure, definitely," she said, "Otherwise, you'd be making us do it."
Submitted by Sandy Ritz, RN, MS, MPH





Q: How many pre-med students does it take to change a light bulb?
A: Five, one to change the bulb and four to pull the ladder out from under him.
Submitted by Fran London, MS, RN

A nurse was talking with a patient who had an impending MI.

"The doctor wants to put a nitrate patch on you."

"Well, before you do that, I want to know exactly what is the difference between the night rate and the day rate."
Submitted by Helen Stucky Risdon, RN

Daffynition of a doctor's signature: line dancing.
Submitted by Karl Green

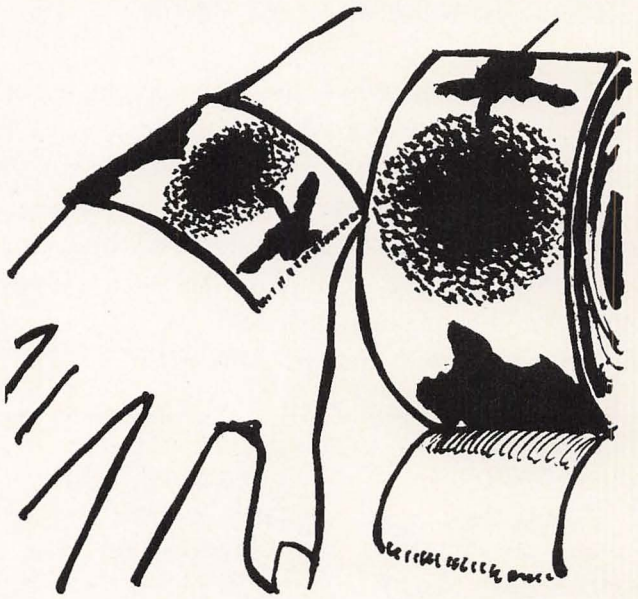
Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

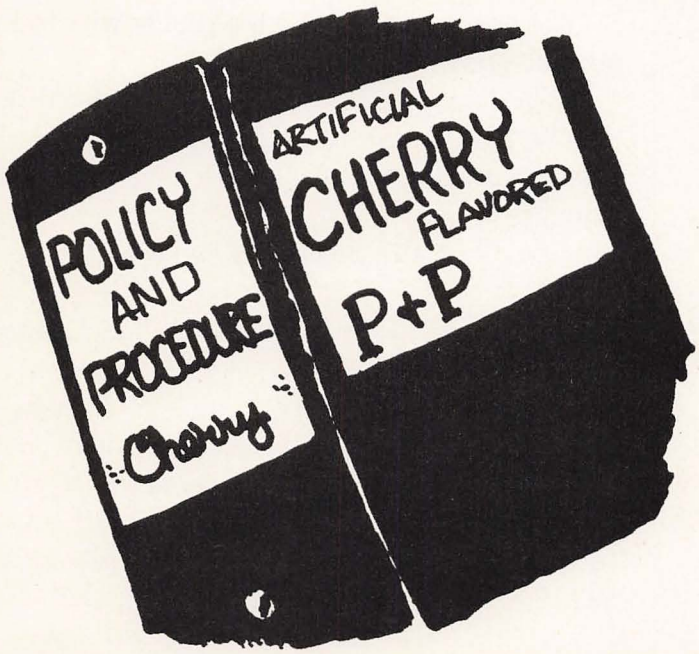
New Nursing Gadgets for the 90's

by Harold E. Stearley, RN, BSN, CCRN

Camouflaged Tape

Of course you've provided superior, timely patient care, but doctors, managers, and families are still critical of you for not meeting their schedules. Well "Militape" is here to help! Our ingenious tape design, and selection of colors, allows nurses to perform dressing changes at their own convenience. Militape has the just the right mix of grays, browns, tans, greens, yellows, and reds to mask any drainage which oozes from any wound, tube, or orifice! Tired of being screamed at for not having that dressing changed 30 minutes ago? Use militape and no one will know if it's been changed or not. For a free catalog of camouflaged products contact: MiliMed Inc., A Division of General Dynamics, 115 Howitzer Lane, Palo Alto, California 94538. "If you can't see it, It's ours!"



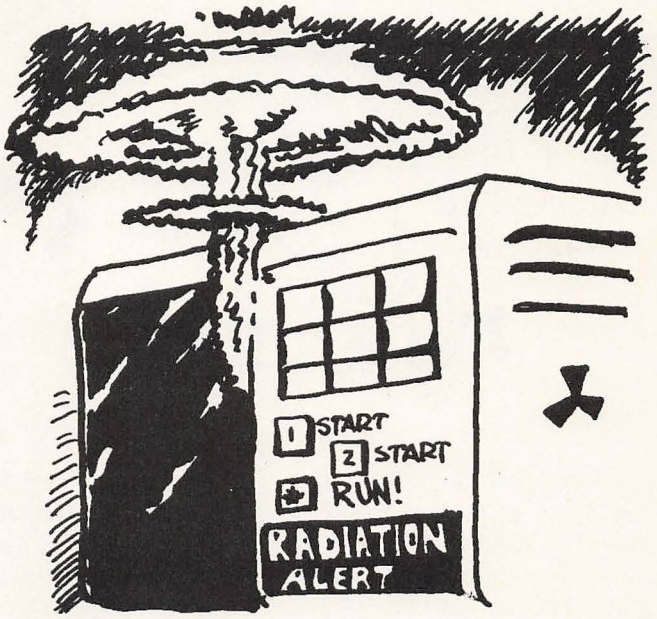


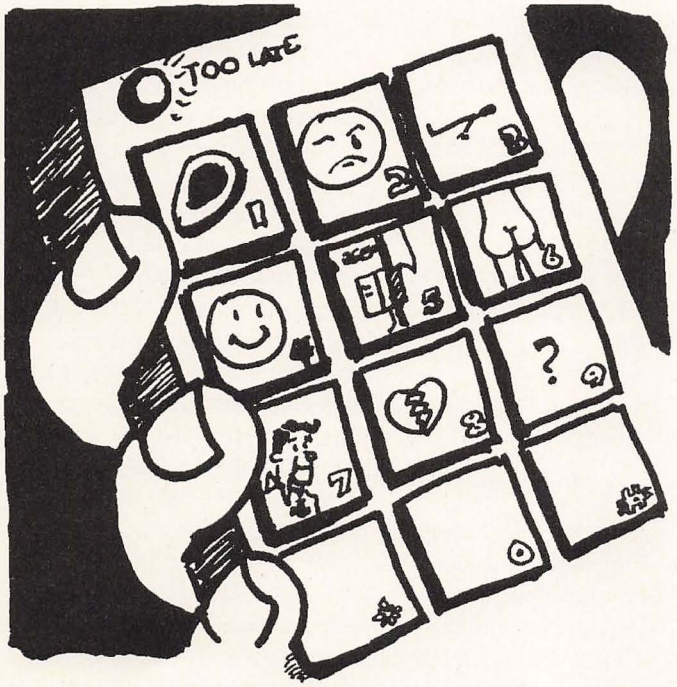
Edible Medical Equipment

Latex Unlimited and Generalized Foods have teamed up to bring busy nurses the nutritional supplements they need in a form they can disguise. Federal law prohibits eating in patient units, and with nurse lay-offs and increased patient acuity, many nurses are beginning to resemble the skeletons. Our new product division, "LaFoods," has reduced all RDAs into a rubberized flavored gel molded into shapes of medical equipment. Imagine eating a pizza flavored infusion pump, a cheeseburger stethoscope, a syringe chef salad, a licorice whip NG tube, or a fruit- flavored policy. Beat the "feds," and eat the "regs," LaFood Incorporated, 315 Latex Blvd., Battlecreek, Michigan, 48507.

The MicroHazard 5000

We all know it's dangerous to dispose of biohazards. "Superbugs" in hospitals, and limited disposal sites have resulted in events such as hypodermic needles washing ashore on the East Coast. But, destruction of these lethal contaminants is just a microwave away. Just imagine bacteria exploding like kernels of popcorn in a microwave bag! With the MICROHAZARD 5000, you can load the containers provided, press the NUKE button, and blow those microbes away. Extra heat generated by metal needles only helps vaporize the toughest bugs. So get your fire extinguishers ready and watch the fireworks today! Sanitary Concepts, Burn Baby Burn Drive, Mt. St. Helens, Washington 90510.





Dial-A-Nurse Deluxe Call Light System

Now there's a call light system designed with busy nurses in mind! Our new "Dial-A-Nurse" system will drive inter-hospital communications onto the information highway! Each patient bed is equipped with a state-of-the-art computerized telephone with a menu of the most common patient requests. Press 1 if you need a bedpan, press 2 if you need pain medication, press 3 if you have fallen and you can't get up, press 4 if you need humor therapy, press 5 if your infusion pump is smoking, press 6 if you would like colonic hydrotherapy, press 7 if your TV is stuck on MASH reruns, press 8 if you are having a cardiopulmonary arrest, press 9 if you wish to review the options. The system also automatically prioritizes patient requests and provides the nurse with a printout of assignments. Drive onto the on-ramp of the information highway by calling 1-800-YOU-DIAL, and press 5 for a service representative.

By now everyone has become painfully familiar with the new management buzzword *retooling,* which is really a way to say that nurses will be trained to do the jobs of three or four other professionals. For most of us, this is not new. We have always been part-time respiratory therapists, physical therapists, EKG technicians, dietary personnel, laundry workers, pharmacists and maintenance crews. Hey, isn't that what holistic nursing is all about? But, most of us probably haven't considered that by being nurses, we really are qualified for a wide variety of occupations outside health care. Here are some insights into "retooling" others have considered.

Ready For Landing

Recently one of my nurse managers asked me to write her a letter of reference for school. I was delighted, since I have been encouraging her to go back to graduate school. When I asked her which school she decided to go to, she told me she was going to Air Traffic Control School. Not what I expected, but it made sense. Like most nurse managers, she spends a large part of her day playing musical patients. Hers is an orthopedic unit, so besides the usual gender and compatibility matches, she also has to deal with infection control problems (like most hospitals, not enough private rooms to go around). Here is her letter of reference:

To whom it may concern,

I am happy to write this letter of reference for Ms. C's application to Air Traffic Control School. Ms. C. has had many years of experience in orchestrating patients and beds in a small and very confusing hospital. In her position here, she has managed to move people because of gender, infection control, personalities, construction and a variety of other concerns.

In addition, she is used to sudden outbursts of temper from physicians, crash landings with unexpected patients arriving in a variety of conditions and constant interruptions. She is calm during these times and is assisted by a very protective staff who screen her calls.

I know the position of Air Traffic Controller is one which requires much patience. Hers has been tested, so she may need the refresher course.

Please let me know if I can provide any further information to you concerning Ms. C. Thank you very much.

Nancy E. Mooney
Director of Nursing
Beth Israel Medical Center

Dear Mom—A Monologue

If nursing doesn't provide enough laughs, perhaps you might consider a career as a stand-up comedian. Several health care folks have successfully done this. Here's part of one reader's comedy act.

A long distance call to Mom, from San Francisco.

"Yeah, hi Mom, this is your darling daughter . . . am I still married to my doctor-husband? . . . No Mom, I'm sorry to say Frank and I got a divorce . . . why, you say Mom? . . . well, let's just say he left me for one of his own . . . yes Mom, this *is* San Francisco . . . I guess I'll just have to make it on my own now . . . I know it's time I used my college education . . . what am I doing now you ask, Mom? . . . Well, I got a job as a psychiatric nurse, but that didn't last too long . . . why, you say? . . . Ah, too many obsessive-compulsive-anally-fixated-borderline personalities, your random paranoid schizophrenics and a couple of psychotics thrown in . . . Yeah, I know that I studied all of that Mom and I do have a license to understand them, but it wasn't the patients, it was the staff . . . Then I got a job in a mental health clinic . . . only two weeks after I got there, their funding was dropped . . . What am I doing now you ask? Well, I decided to collect underemployment and go for vocational testing . . . maybe I'm not cut out for this business, it's too dysfunctional and it's led by even bigger dysfunctionals . . . Bye, Mom!"

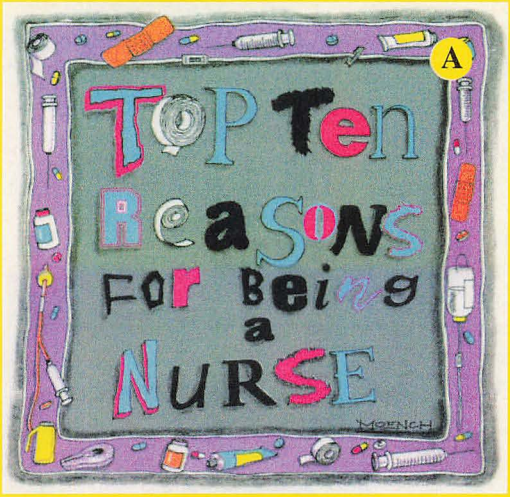
Micheline D. Birger, RN, BSN
San Francisco, CA

Liven Up! is a regular feature in the JNJ. Send your story (50 to 200 words) about how you are using humor in your workplace to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

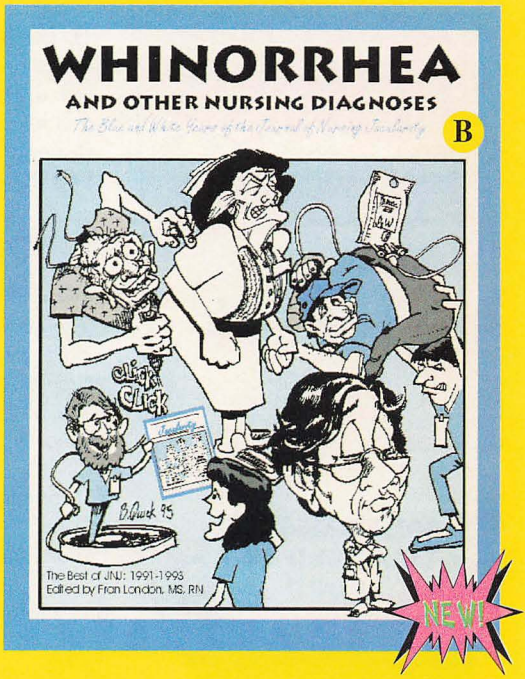
THE JOCULARITY CATALOG

THE HUMOR RESOURCE FOR HEALTH PROFESSIONALS

Spring 1996 Catalog



A. Top Ten Reasons or Becoming a Nurse T-shirt. This is 100% pre-shrunk cotton t-shirt from the comic wit of cartoonist and anethesiologist, Dr. Brian Moench. Front of shirt is design shown here. Back of shirt is the list, starting with "You enjoy working with really sick people . . . like doctors." Available in white. **Sizes L or XL: TS008TEN** Top Ten Reasons **$17.50, Size XXL: TS009TEN** Top Ten Reasons **$19.95**

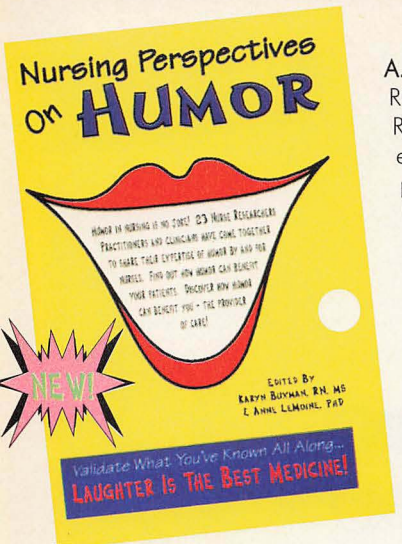


B. Whinorrhea and other Nursing Diagnoses. This brand new book is the best of the Journal of Nursing Jocularity's first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. **BK018BOB** Whinorrhea and other Nursing Diagnoses. **$18.95. If you buy two or more copies, it's only $15.95.**

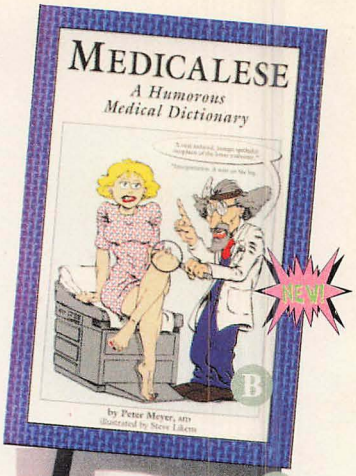
C. ANY KEY and PANIC computer keys. Personalize your computer keyboard with these fun, self-sticking keys. **Free with orders of $50 or more! MS001KEY** Panic/Any Key **$3.00**

D. Ineffective Individual Coping. A ~~slightly~~ very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. Too Live Nurse was a smash hit at the 1995 JNJ Humor Skills conference. **TA007COP** Ineffective Individual Coping **$10.00**

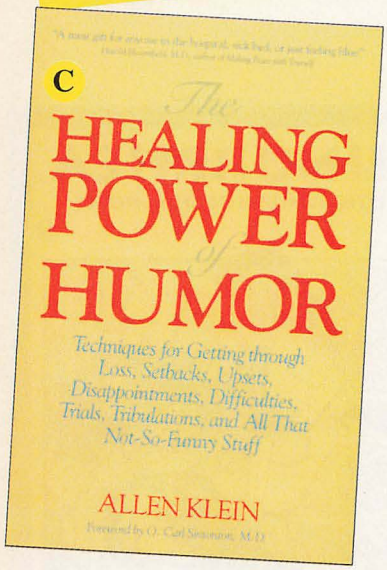
E. Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. **TA001RAR** Rockin' To Algo-Rhythms 2 **$15.00**



A. Nursing Perspectives On Humor. Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover. **BK015NPH** Nursing Perspective **$24.95**

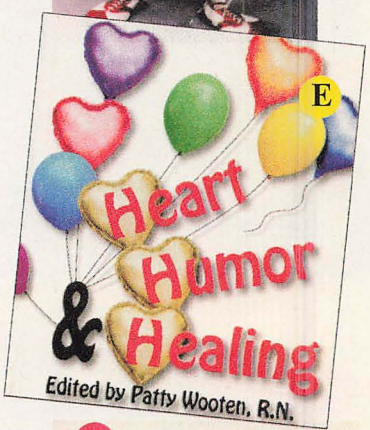


B. Medicalese: A Humorous Medical Dictionary by Peter Meyer, MD, quotes Hippocrates (the father of medicine), " The doctor and nurse must have a ready wit, as dourness is repulsive to both the healthy and the sick." Medicalese delivers the wit, with cartoon-illustrated definitions poking fun at everything in medicine, from doctors to administrators, from supervisors to patients. Soft cover. **BK019MED** Medicalese **$9.95**

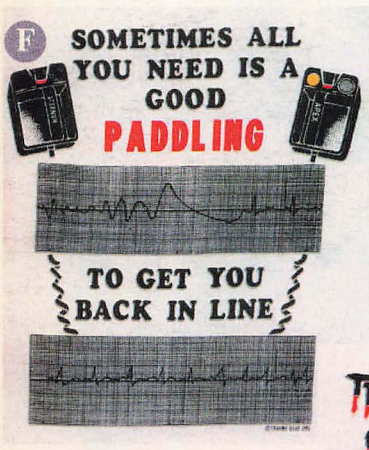


C. Healing Power of Humor by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. *"Provides practical advice as to the fundamental importance of humor and laughter."* Steve Allen, comedian. **BK006HPH** Healing Power of Humor **$9.95**

D. The Perils of Nancy Nurse Video. Bedecked with a bedpan, irrigation equipment and other gear for nursing combat, Nancy Nurse (a.k.a. Patty Wooten, BSN) delights audiences with her comic antics and hilarious stories. Filmed live at the JNJ conference at the Disneyland Hotel. Run Time: 45 minutes. **TA008NAN** Nancy Nurse **$40.00**

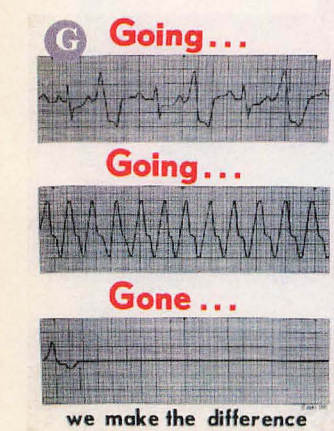


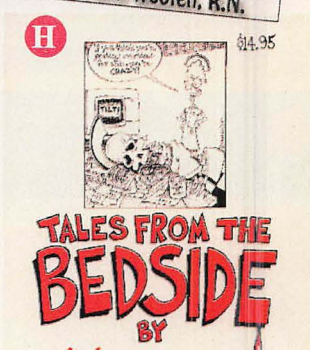
E. Heart, Humor & Healing edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. *"The book is good for more than your heart...It will help heal your life and body."* Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles. Patty's feature "Jest for the Health of It!" appears in each issue of the Journal of Nursing Jocularity. **BK004HHH** Heart, Humor & Healing **$9.95**



F. "Sometimes All You Need Is A Good Paddling To Get You Back In Line" T-Shirt from Trauma Gear, "Unique Sports Wear for Unique Professionals". This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS002ASH** Paddling T-shirt **$16.00**

G. "Going . . . Going . . . Gone" T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS004ASH** Paddling T-shirt **$16.00**

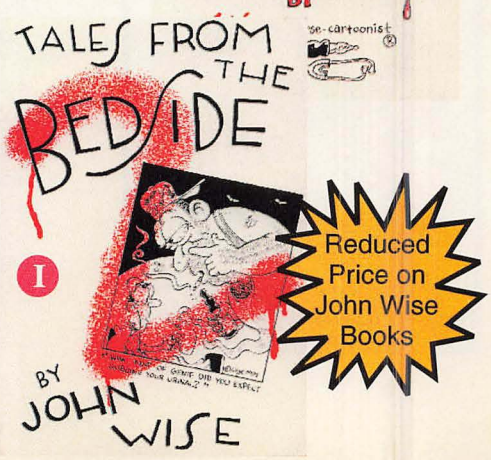


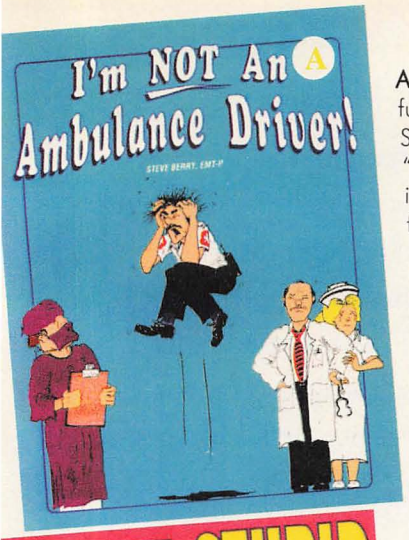


H. Tales From The Bedside. The first book from artist John Wise, RN. Over 100 page of hilarious cartoon about nursing and healthcare. Frequent contributor to the Journal of Nursing Jocularity. Beware, John's cartoon aren't for the squeamish. **BK002TFB** Tales From Bedside 1 **$12.95**

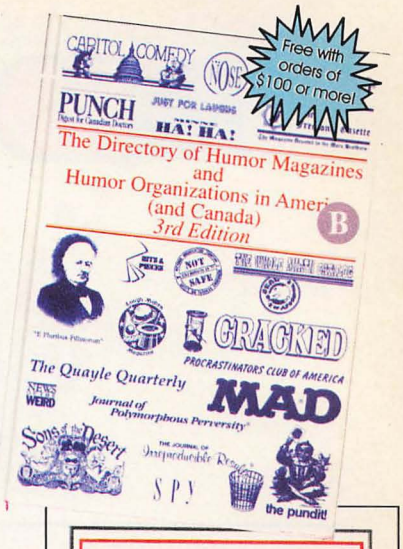
I. Tales From The Bedside 2: "Over The Counter" by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! John is a contributing artist to the Journal of Nursing Jocularity. **BK001TFB** Tales From Bedside 2 **$10.95**

Purchase both of John's books for a special price. **BK003TFB** Tales From Bedside 1 & 2 **$22.00**

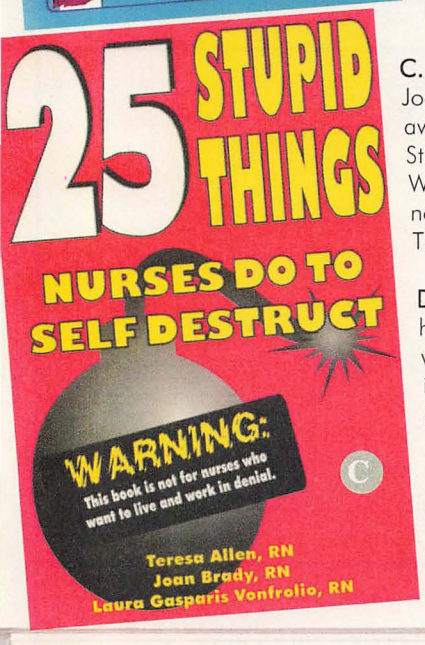




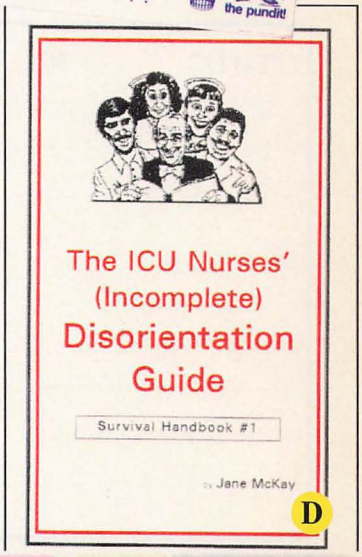
A. I'm Not An Ambulance Driver! by Steve Berry, EMT-P. A jammed pack, funny cartoon book that takes a satirical look at life as an EMS provider. Steve has practiced the art of paramedicine since 1984 and in his words is "an advocate of humor and have come to find satire as my link to survival in a career so often marred with anguish and discouragement." Sound familiar?! **BK017NAD** Not An Ambulance Driver **$14.95**



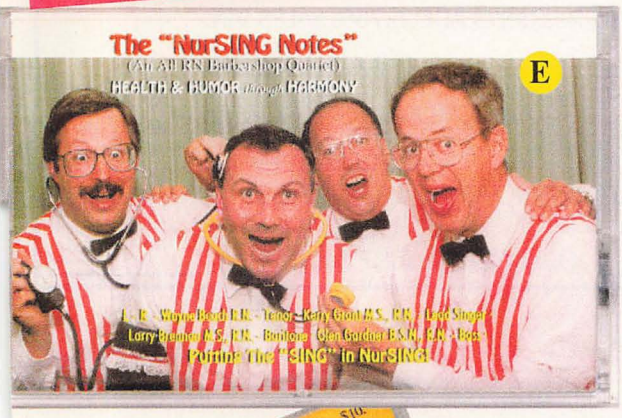
B. The Directory of Humor Magazines and Humor Organizations in America (and Canada) *3rd Edition* edited by Glenn Ellenbogen, PhD. This is the first and only book to help you find humorous magazines, newsletters, newspapers; periodicals about humor; and humor organizations. It provides extensive listings and sample articles for each publication, plus cross indexing of periodicals. A writers market for humor. A great resource at a special price! List Price: $34.95. Hard Cover. **Special Offer! Order $100 worth of items and receive this book free! BK016DHM** Humor Directory **Only $14.95**



C. 25 Stupid Things Nurses Do To Self Destruct by Teresa Allen, RN, Joan Brady, RN and Laura Gasparis Vonfrolio, RN. Increase your awareness as a nursing professional through such topics as: We Don't Stick Together, We Suppress Our Convictions, and We Fight All The Wrong Battles. The book contains the following warning: "This book is not for nurses who want to live and work in denial." **BK014STN** Stupid Things Nurses Do **$19.95**

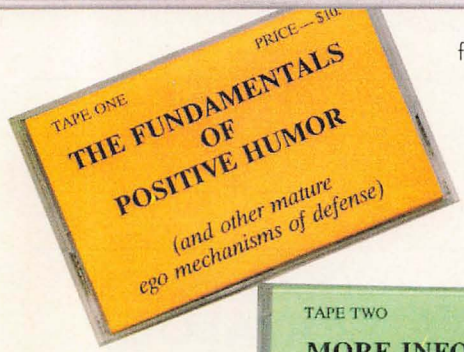


D. The ICU Nurses (Incomplete) Disorientation Guide, by Jane McKay. A handbook of humor from the trenches; includes specialized policies with criteria for shooting physicians, guidelines for training interns and instructions for visitors. Not for the general public or bedsides of the infirm! **BK005ICU** ICU Nurse Guide **$7.00**

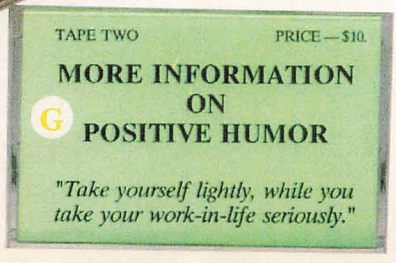


E. Health & Humor through Harmony by the "NurSING Notes", an all RN Barbershop Quartet. This comedy quartet puts the "SING" in NurSING with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". The Nursing Notes were a smash hit at the 1993 and 1995 JNJ Humor Skills conference. **TA003HHH** Health & Humor Through Harmony **$10.00**

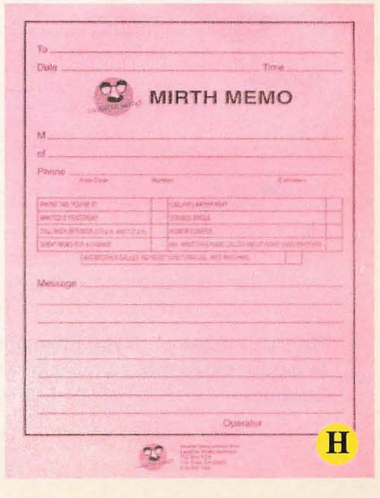
F. Nurse Cat T-Shirt. This whimsical cartoon, created by Jim Allen, RT, whose work has frequented the pages of the Journal of Nursing Jocularity, is featured on a white, 50/50 blend t-shirt. Available in L, XL, XXL. **TS010CAT** Nurse Cat **$15.00**

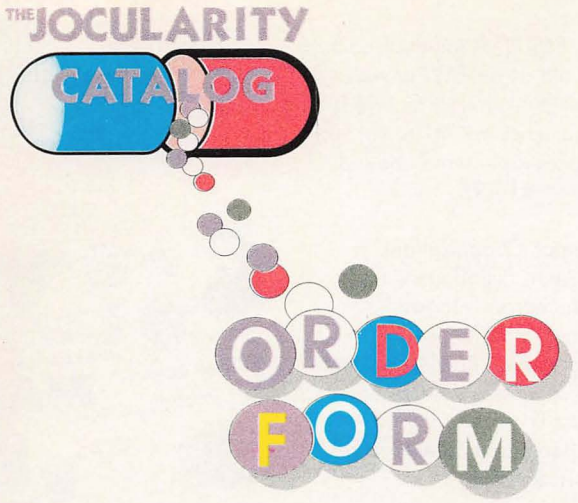


G. The Fundamentals of Positive Humor - A Two Tape Collection by Dr. Christian Hageseth III, Psychiatrist with Mike Sloniker, Music Therapist. These tapes presesent a fundamental understanding of how humor constitutes a mature response to life and its adversity. Dr. Hageseth has been a popular and well received speaker at the 1993, 1994 & 1995 Journal of Nursing Jocularity's Humor Skills Conference. **TA002FPH** Fundamentals of Positive Humor **$18.00**



H. Mirth Memos. These bright pink, 8 1/2" by 11", large memos get the job done! A perfect addition to any Humor First Aid Kit. Pad of 50. **MS003MEM** Mirth Memos **$6.95**





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To provide health professionals with products that can be used to incorporate humor into their lives and their workplace, and to support health professional entrepreneurs in the development and marketing of humor related products.

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Things You Will Never Hear in a Hospital

by Rochelle Burke, RN, BSN

From the Charge Nurse:
"You've been working a lot of overtime lately. Go home at noon today—but you'll get paid for your full twelve hours."

"You've had tough assignments lately. Today I'll just give you three easy patients."

From Doctors:
"While I was examining Mr. Smith, he had to go to the bathroom. I put him on the commode. He had a small BM and 300 cc of light yellow clear urine. I collected the UA I ordered and I'll drop it off at the lab. Mr. Smith is back in bed now."

"Please feel free to call me at any time about any of my patients."

After you inform him of a med error: "That's OK. I was going to change the order anyway."

"While I was doing morning rounds on my patients, I got their vitals. Here's the list."

"You evening nurses did a great job with Mrs. Jones. I'd like to treat you all to dinner—Saturday night at the steak house at 7 pm. I made sure you all got the evening off."

From the Shift Supervisor:
"Your census is low today. But you've been busy lately, so I won't float anyone off the unit."

"Gosh, you *are* busy tonight! Why are you asking for only one float nurse? I'll send at least two!"

From Admissions:
"Just wanted to let you know, the ER is empty and the other floors have lots of beds. You definitely will not get any admissions tonight."

From Dietary.
MEMO: If we send a tray with the wrong diet, the nurse discovering the error gets a free meal.

MEMO: A new policy goes into effect today: After the Nursing Staff has checked the trays, Dietary Staff will pass, set up and remove the trays, and record the intake.

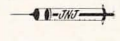
MEMO: Vegetable tuna goulash and banana lime cake will no longer be served. Vegetables will now be steamed tender crisp and served within fifteen minutes of cooking.

From Housekeeping:
"While I was here to clean Room 353, I cleaned the break room and emptied the wastebaskets in all the other patient rooms on the floor."

From patients:
"The IV is in? I don't believe it—I didn't feel a thing."

"Sure, I'd love to walk in the hall today. Anytime you want, I'll be ready!"

"Could I make my own bed this morning? I miss doing it."



The Nursing Diagnosis and Treatment of Death

Estelle Codier, RN, MSN

The incidence of death in the United States and throughout the world has remained at a consistent high throughout history. Despite this fact, death as a clinical, metaphysical and psychodynamic phenomenon has been largely ignored in the descriptive body of nursing and medical literature. The purpose of this article is to review the definition, signs, symptoms, stages, nursing diagnoses and nursing interventions specific to the patient who is dead.

The definition of death has evolved over time as the human understanding of death as a psychophysiological phenomenon has similarly evolved. At one time in history, death was thought to be associated with a cessation of breathing. Later, this pulmonary view shifted to a cardiac one, and death was defined by cessation of pulse. Still later, definitions inclusive of neurological and cognitive function were used in defining death. In some hospital administrative circles, the definition has further evolved to cessation of cost effectiveness or reimbursement capacity.

Definition of Death

For the purposes of this article, a dead patient will be defined as one who meets five or more of the signs and symptoms of death described in the sidebar on page 27.

Risk Factors for Death

The incidence of death and its complications is highest among certain predictable demographic and socioeconomic groups. Despite all the research devoted to geriatrics, the incidence of death remains very high in the elderly. Death also seems to have statistically strong correlation with stupidity, sloth and the ingestion of grease three times a day.

Statistically, the incidence of death exists in an inverse relationship with several factors. Caution is one such variable. Individuals who sky dive, force inhale partially combusted weeds and fluorocarbons, drive drunk and bungee jump at 90 years of age will live forever. Helmet wearers and label readers are sure to become pavement pulp or die of botulism at a young age.

Disposition is another factor of inverse correlation. The acutely unstable ICU patient who smiles beatifically while chest tubes are inserted is at very high risk for death, whereas one who attempts to kick the physician in the teeth under the same circumstances is a nearly guaranteed survivor. Patients with angelic dispositions aren't afraid to face their Maker; bastards will live forever.

Differential Diagnosis of Death

Death can easily be confused with several common medical syndromes. Consequently, the more subtle aspects of assessment are important in the differential diagnosis of death. Many patients, for example, fit one or more death criteria until they have had their morning coffee. Administration of 120 cc PO, 10 cc IV, or 5 cc intracardiac French Roast can make the diagnosis clear. (The patient can snort ten grains of fine ground espresso beans if caffeine solution is not available.)

Stages of Death

Death is divided into several phases which must be identified before appropriate nursing interventions can be chosen.

Stage 1: Considering Death

An example of this is the patient who has seen a preliminary copy of his hospital bill. This patient can usually be pulled back easily from the jaws of the Grim Reaper (referring in this case to death, not the hospital finance officer). Nursing interventions include: short-staffing the next shift and puting the code cart outside the patient's door. With these two simple interventions, the patient will outlive the nurse.

Stage 2: Wishing for Death

Any nurse who has ever come to work with a hangover knows about this stage. Without exception, these patients would welcome the Dark Angel with open arms. The problem is, they are more miserable than dead and with a modicum of intervention should be able to live to again be billed for copayments. If the patient can be kept out of the way of his own bad attitude, he should recover nicely. Interventions should be guided by the "Better living through chemistry" principle; in other words, drug him.

Stage 3: Hovering Around Death (known in less gracious circles as "circling the drain")

In this stage, the patient can't decide. This is when no one knows what to do. The MD writes ambiguous code orders. The patient has lethal dysrhythmias and converts out of them just after the nurses aspirate their coffee lunging for lidocaine. The patient usually is in this stage when his attending physician goes away for the weekend and the MD on call has an allergy to decision-making.

Stage 4a: Mostly Dead

If this were a horse race, you'd bet on these patients as a long shot. These folks have more organ systems on the injured reserve list than not. Their serum potassium levels are higher than their cardiac outputs. They have been in the ICU so long the county is charging them property tax on the room. Their attending physicians are listed as next-of-kin.

Keeping this patient alive may be considered unethical, but one nursing intervention may work: transfer the patient out of the ICU and promise he never has to come back.

Signs and Symptoms of Death

The following clinical indicators may be used to establish the clinical diagnosis of death. Five or more of these indicators constitute a definitive diagnosis of death.

- The family, who has been camped in the waiting room for two weeks, finally goes home for a few hours rest.
- The patient's number of consulting physicians exceeds the number of his functioning organ systems.
- The BUN exceeds the diastolic BP.
- His Glasgow coma scale score is less than either his serum creatinine or the QT interval on his EKG.
- The patient's length of stay in weeks exceeds his physician's years in practice.
- The patient has more IV pumps than extremities.
- The old chart finally arrives.
- The weight of the chart exceeds the patient's age multiplied by his BSA divided by his BUN.
- The patient has fewer conscious thoughts in one day than there are electrical appliances in the room. The exception to this rule is if the patient has a positive history of management experience.
- The family puts in a change of address to the ICU.
- No one around the patient thinks that he can feel.
- The family begins speaking of the patient in the past tense.

Stage 4b: Almost Dead

Almost Dead and Mostly Dead are similar. The problem with this stage is that almost dead is partially alive. The partially alive part of a patient can be quite an encumbrance to the part that is mostly dead. Some hospitals classify these patients with the "PBAB" code. (Pine box at bedside). Nursing interventions in these cases should be directed at mediating the relationship between the partially alive part and the partially dead parts of the patient and

Nursing Diagnoses for the Patient Who is Dead

There are many nursing diagnoses related to the patient who is dead that have not yet been approved by NANDA. Some of them include:

- Alteration in Cardiac Output, None
- Tissue Perfusion, Cessation in
- Soul Extravasation Related to Extracorporeal Transmutation
- Mobility, Alteration in, Related to Rigor Mortis
- Potential for Tissue Breakdown, Related to Decomposition
- Death Related to Inability of Insurance Funds to Cover Technology Needed to Sustain Life
- Death Related to Inability to Find Attending MD in a Code
- Death Related to Too Many Physicians in a Code
- Death Related to Cornoff's Triangulation Concept (It has been established that patients die when certain combinations of nurses, doctors and/or supervisors work the same shift.)
- Death Related to Failure of Glial Confluence (Known in less subtle circles as the inability of the health care team to come to agreement on a coherent plan of care.)

encouraging them to work it out between themselves.

Stage 5: Definitely Dead

The patient is definitely dead when those around him have taken a vote and decided he is dead, and when the admitting department lists the patient as "Transferred to the Eternal Care Unit" and assigning another patient to his bed. Until then, you can never really know for sure.

Problems and Nursing Interventions Associated With Death

Existential Ambiguation

Existential Ambiguation exists when the patient is dead but everyone except the patient's attending physician is clear on that. This situation is familiar to us all. The 99-year-old patient has six consulting physicians and only two remaining functioning organ systems (musculoskeletal and reproductive). The patient is on a ventilator, an intra-aortic balloon pump and has so many IV bags hanging you think you are in a balloon shop. People enter the room and say, "Where's the patient?" The patient, who by now has shrunk to half the admission weight, can be found by only two reliable methods: following the EKG cable to its termination on the patient's chest or following the trail of blue-green diarrhea resulting from the administration of tube feeding. This patient is dead. If you were to mindmeld with this patient he would say, "Thank you very much, this has been an awful lot of fun, but please direct me to the closest morgue." The problem is, everyone is acting like the patient is alive and the patient is just hanging around for the show.

What to do? One helpful approach is to get clear about who you are really treating. The physician's denial? The family? The nursing staff? The hospital's legal department? Start slipping them blue-green tube feedings every two hours and see how they like it. The situation should disambiguate in short order.

The Lingering Death

Another common problem. This patient is just trying to make you crazy. He will hang around with a systolic blood pressure less than his abdominal girth for days. The hospital's supply of dopamine will be exhausted by running it wide open 'till the patient is at risk for drowning. This patient will be using so much of the Blood Bank's products that "direct deposit" will be instituted for him.

What to do? Liberal application of Murphy's Law is the most direct approach in these cases. Hang all new IV's and change the tubing. Hang a twenty-four hour bag of tube feeding and ask pharmacy to mix the next three bags of hyperalimentation. Change all the bed linen. Retape the ET tube and change all the dressings. Staff the next three shifts for care of the patient as a one to one, if possible with guaranteed shift registry nurses. Give the most complete report of your life to a nurse who has never cared for the patient before, and take a minimum of forty-five

minutes. Using this approach, the patient should be dead within the hour.

Other Nursing Skills Needed for the Care of the Patient Who is Dead

Pronouncing the Patient

In some advanced health care settings, it is legally acceptable for the nurse to pronounce patients dead. The policies and procedures that are required for this to be acceptable usually weigh at least ten pounds, and having to read them certainly qualifies any sane individual for Death Stage 2 (Wishing for Death).

One good role model for this was a new intern, called to the ER to pronounce a patient who had died. He had never performed the procedure before, but with only a little hesitation, went to the foot of the bed and said with authority, "I now pronounce you dead."

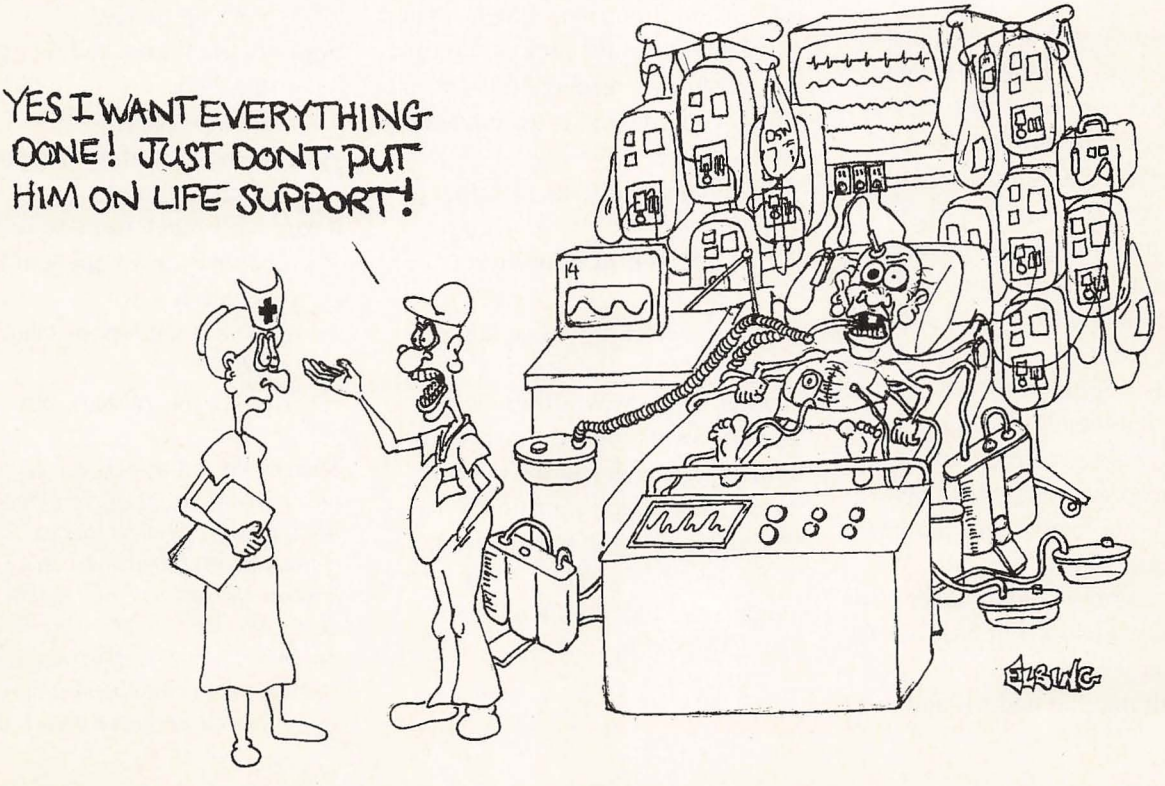
Nursing Care of the Nurse

Nursing care of the nurse is probably the most generally neglected part of dealing with the patient who is dead. The reason: it is not generally acknowledged that not only is death painful, but that pain is a highly contagious psychophysiological phenomenon.

Most nurses apply to this problem the Universal Precautions approach. That is, use of barrier precautions. They goggle, mask, gown and glove so that they neither see, feel or touch the pain of death. These nurses can be easily recognized by their earplugs and the logo on their uniform that says "They don't pay me to care." These unfortunate individuals don't know that these measures are not only ineffective in preventing the contagious spread of the pain related to death, they actually increase the morbidity in both patient and nurse.

Nursing intervention includes intense self-care, asking for support and reverse anesthesia, that is, the institution of whatever it takes to keep conscious and keep feeling. Laughter works. Hugs work. Crying works. The nurse should do whatever works, because the nurse who can no longer feel is a dead nurse.

This article has explored the definition, stages, defining characteristics, nursing diagnoses and nursing interventions appropriate for the patient who is dead. It is hoped that this presentation may assist the nurse in the care of this prevalent and under-explored area of patient care.



Student Nurse Cut-Ups!

What Did You Say Missy?

During my first clinical rotation, I assisted a fellow student with a bed bath on a frail, elderly patient. Since the man was not circumcised, I asked the other student if she would like me to demonstrate the proper technique for cleaning an uncircumcised penis. She nodded "yes," with obvious relief.

Believing in doing only for the patient that which he cannot do for himself, I asked him to retract his foreskin so we could clean his genitals. He looked puzzled and grumbled, "What?"

Raising my voice, I said, "Can you pull your foreskin back so we can clean your penis?"

With that, he nodded and placed his fingers above each eyebrow. Pulling his forehead up toward his hair line, he smiled, obviously pleased he could do something for himself.

Lisa Goodale, SN

Takes Direction Well

One of my students was very eager to discontinue an IV. As she very carefully completed removing the tape, she began to pull out the cannula. I told her to stop and cut off the solution first. She hesitated for a few seconds, looking doubtful. Then she reached in her pocket and—you guessed it—pulled out her scissors.

Patricia Huggins. RN, MS

Parental Nutrition

I was working on an adult surgery and pediatric floor. A student nurse was filling out the dietary forms. For every pediatric patient, she checked the column titled, "parenteral nutrition." I asked her about it and she said, "Oh, yes, that's right. Their parents are feeding them."

Erin Smith

An Ode to Cat Dissection

Let me tell you the story of Charlie the cat
Charlie the cat was once quite fat,
And now let me tell you where poor Charlie's at:
He's wrapped up in two plastic bags.

He's stretched out in a most horrible way.
He's as stiff and as hard as a board.
And we listened, but Charlie had nothing to say,
And his smell knocked us right to the floor.

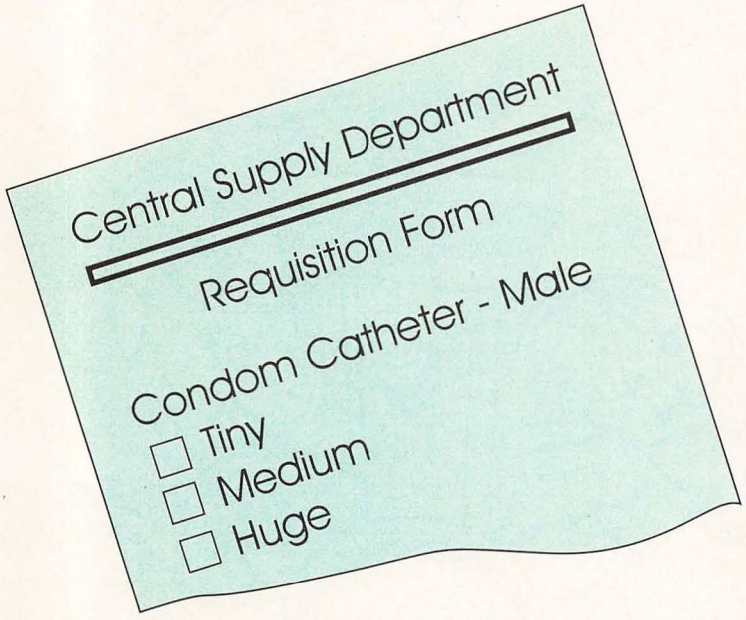
And so ends my story of poor Charlie the cat,
There isn't much more to relate.
If you own a cat I hope you know where it's at
So it doesn't meet poor Charlie's fate.

Kerri Lynn Hilbert, RN

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories(50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, MSE, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

The Truth About Condom Catheters

by Matt Herman, RN, BSN



I recently came across the procedure for removing a condom catheter and frankly, I was amazed. I assumed they were self-discontinuing. It always happens during that final bed check, ten minutes before report. The nurse pulls back the covers and finds the patient doing the backstroke in urine with the condom catheter on the floor beside the bed.

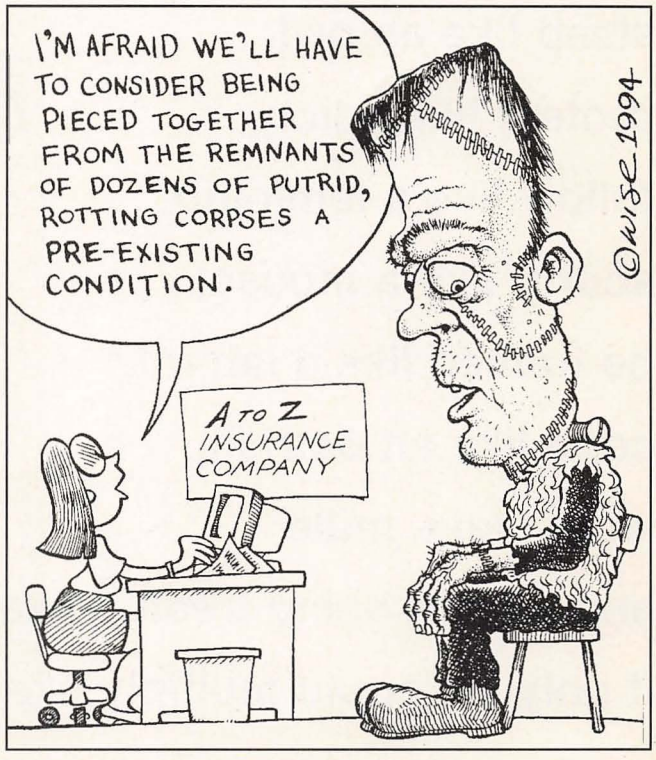
Actually, you cannot blame the condom catheter for failure to adhere to the penis. (I'm a male nurse so I can say this.) The penis is the most amorphous excuse for an appendage in the entire human body. The Houdini of organs, it can shrink its way out of the tightest straitjacket.

And what about the sizing of condom catheters? This is what distinguishes the inexperienced nurses from the experienced ones. The inexperienced nurse goes to the supply closet and returns with a medium or large. After all, how would the man feel if he saw the package and it said "small" on it?

I don't care how big a man's penis looks when you are applying a condom catheter. The minute you turn your back, a medium becomes a small, and a large becomes a medium, and a small has retracted into the scrotum like the head of a turtle. In all cases, the catheter has fallen off and stuck to the sheets.

The foolproof way to choose the right size condom catheter is to drink a cup of coffee in the break room. Sooner or later, two nursing assistants are going to start comparing notes. Before you can finish your Java, you will know the intimate details about every patient on the unit.

Write to me if you have any suggestions or tricks on applying condom catheters. Please note that I say *suggestions* or *tricks*. If you have any *tips* you are probably having the same problems I am.



At Home in the Zoo

by Terri Quillen, RN

Every nursing unit is a REAL ZOO.
and here's why:

A good nurse must . . .
run like a cheetah,
eat like a bird,
drink like a koala,
void like a camel,
think like a fox,
remember like an elephant,
sleep like an owl,
protect like a lion,
follow like a lemming,
scurry like a mouse,
be trained like a lab rat,
cope like an ostrich,
work like a mule
and accept being treated like a dog.
If only we could multiply like rabbits!

Poetry Corner

Always Look Awake
Pete Hupp, RN, CCNP

Imagine the anguish
To be falsely accused.
Why there is surely no question
That the boss was confused.
A chance observation
In the workplace at night,
A misleading impression—
(I was resting my sight).

I may be just a hired hand
At this towering institution,
But I should be insulated
From public execution.
My career has been exemplary,
My record scarcely smudged.
I declare with no uncertainty;
I've been unfairly judged.

I've survived, my wound had healed
But I'll never be the same.
I'll keep practicing my art
Yet, I'm conscious of the game.
So I'll paint my handsome countenance
On the backside of my head,
Then I'll always look awake
Even if I'm dead.

You Can't Pace Meatloaf
Pete Hupp, RN, CCNP

You can't pace meatloaf,
No matter how you try.
You can whip a dying horse
But you'll never make it fly.
You can do an EEG
On a brain that's turned to mush.
You can buy a fancy comb
But you'll never make it brush.
You can treat the hypochondriac
But he'll always think he's sick.
You can train your good old dog
But he'll never learn the trick.
You can lead a cat to water
But you'll never make it dive.
You can zap the sudden death-er
But never bring 'em back alive.
No, you can't pace the casserole
Or defibrillate the salad,
And that's the way it goes
When you do the meatloaf ballad.

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For more information write to: P.O. Box 246, Bangor, CA 95914

Itching is a prominent feature of many forms of liver disease. Registered Nurse Betty Lou Lashinsky of Pennsylvania knows all about that. She lived with severe, unrelenting itching for ten years. Without a sense of humor, her survival and the sanity of her three children would have been in doubt. From her diagnosis in 1982 until after her liver transplant in 1992, seeing the funny side of a not-so-funny situation was crucial to maintaining hope and moving forward.

Curiously, the day after Betty Lou was told that she had primary biliary cirrhosis, a rare disorder, she saw a *Life* magazine feature on the progress being made in liver transplants. Keeping that possibility in the back of her mind, Betty participated in many NIH studies and experimental treatments. Comical things happened, including the time when a new high-tech toy, the Itchometer, acted up. This gadget is designed to measure itching. But Betty Lou discovered, when it was used on the 9th floor of a hospital, it behaved as a radio receiver, picking up stations! It had to be turned off until it could be adjusted the next day. As Betty Lou wryly noted, "I didn't know if I itched from my bitching, or bitched from my itching!"

Poetry had been important to Betty Lou as a child. Later, she wrote verses for her own children as well. Betty Lou's, illness presented her with many new opportunities to put pen to paper. Topics such as "Prednisone," "Transplants," "FK" (an anti-rejection drug) and "PBC" (primary biliary cirrhosis) were addressed in her droll poems. She shared her works with the staff at the hospital.

Betty Lou became more fatigued, jaundiced and ill. Finally, her disease advanced so much that she became a transplant candidate. The surgery was performed on January 26, 1992, at Presbyterian University Hospital. Her post-op course was stormy. She experienced rejection, three weeks of being intubated and a lot of frustration. Each day, the doctors would say (sing?), "The tube will come out tomorrow"—an unfunny variation on the song from "Annie!" Unfortunately, it was a long time before that 'tomorrow' came. Betty Lou was discharged on March 26, three *months* after admission, but *very* glad to be alive. Her hopeful attitude and humorous verses played a large part in her recovery, and cheered the hospital staff as well!

Poems About a Liver Transplant

by Betty Lou Lashinsky, RN

Transplants

When you're down and feeling blue,
Because a transplant has happened to you,
Lift up your head and look life straight on,
Just think, you could have been gone!
Get yourself up and out of bed,
Life's a whole lot better than being dead.
Get yourself moving and it won't be long
'Til you're up and about and feeling strong.
Then get down on your knees and thank God above,
For sending you a surgeon's love.

PBC

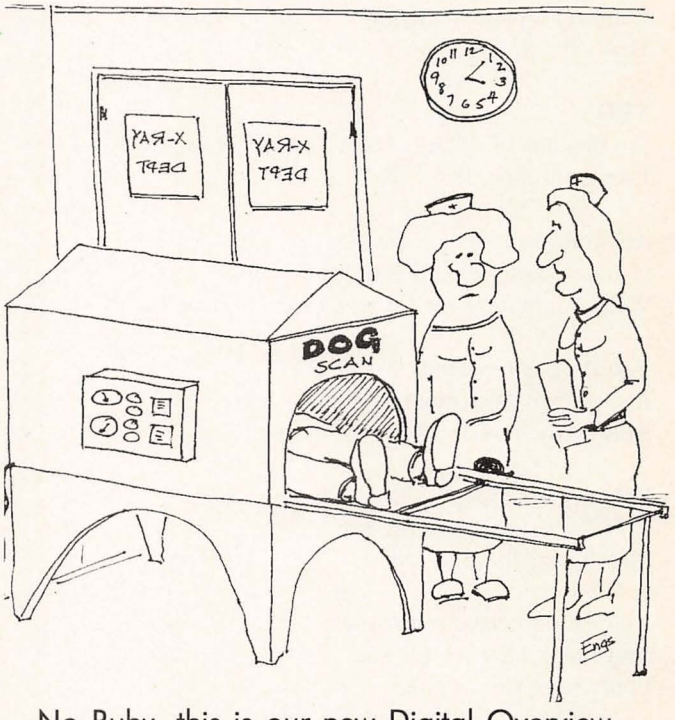
I'm the gal with PBC.
A liver disease happened to me.
I'd itch and I'd scratch 'til I was sore,
I thought, "Dear Lord, I can't take any more!"
I looked at my skin, it was changing color.
I looked at my eyes, the sclera were yellow.
And then my liver really started to fail.
I developed ascites and started to swell.
I was taken to Pittsburgh, I had hoped for a cure,
I needed a transplant and that was for sure.
Surgeons removed my liver and took it away,
And gave me a new one from Texas, they say.
I'm glad I'm alive and doing so well,
It sure beats itching and scratching like hell!

Prednisone

Prednisone, Prednisone look what you've done—
My stomach has grown, and so has my bum!
Oh, doctor, please help me, just lower the dose;
Not one man will even come close.
Or else, just send me to outer space,
Where I can look at the moon and see my own face.

FK

There's a fungus among us,
They call it FK.
It comes in clear capsules,
Given twice a day.
It's given to transplants for anti-rejection,
But lowers our resistance to infection.
The Japanese discovered it, that it is known,
At the foot of a mountain where they call home.
FK was found not far from their shores,
While screening their soils and looking for cures.
When it was first found, it had no name,
So they called it FK and hoped for its fame.
How wonderful that it was given to me.
How happy I am just to BE.



No Ruby, this is our new Digital Overview Graphic Scan . . . it has totally made the CAT scan obsolete!

The CMS Check
(To the tune of "Frere Jacques")
Susan Ames, RN, MS

Circulation, circulation
It's a must, it's a must
Color, temp and pulses
Capillary refill
That's the C, that's the C.

Next is motion, next is motion
Can you move, can you move?
Check the toes and fingers,
Check the toes and fingers
That's the M, that's the M.

Then sensation, then sensation
Can you feel, anything?
Numbness, pain or tingling
Numbness, pain or tingling
That's the S, that's the S.

NPO
(To the tune of "I Only Have Eyes for You")
Jane Schweppe, RN

Are you nauseous tonight?
Is your abdomen rigid and tight?
Well, I only have ice for you, dear.

You'll get a few chips,
Just enough to moisten your lips.
And I only have ice for you.

I know your M.D. has decided
You can have nothing to eat.
Sweetheart, listen to me;

You may not have soda or tea
And I only have ice for you.
I only have ice for you.

I've Seen Them All
(To the tune of "Every Breath You Take")
Carmen L. Greene, RN BSN

In a bed one keeps
While your brain just sleeps
In the sheets fleas leap
And you're itching deep
I'll be spraying you

Every single hair
Vanished from the Nair.
Handled with my care
You'll be naked there.
I'll be prepping you.

Oh it's plain to see
Your bod is for me,
Not only big and small
Man, I've seen them all

After surgery
And its up to me
Roll you on your side
And inject your hide
And you'll be pain free.

Since you're here I've been working day and night.
I see more clear when I turn on the bright light.
My cold hand may startle you with fright.
I keep watching, bodies bodies please

Oh it's plain to see
Your bod is for me.
Not only big and small.
Man, I've seen them all.

And when you can't poo
And apple juice won't do
Got a laxative, or an enema
And it will come on through.
Man, I've seen them all.
Man I've seen them all.
Man I've seen them all.


THE ADVENTURES OF
P.M.S.
THE P.M. SUPERVISOR
By C.J. MILLER
SO... SEE YOU TOMORROW 3 TO 11?
NOPE... I'VE GOT THE DAY OFF. I'M LOOKING FORWARD TO A DAY OF REST FROM THIS PLACE.
I THINK I'LL JUST FIND A GOOD BOOK AND RELAX ALL DAY...
THE NEXT DAY
AWW... SLEEPING-IN ON MY DAY OFF, WHAT A TREAT...
RING-A-RING-A-RING
HELLO, YES... OH, NO, I DIDN'T FORGET MY DENTAL APPOINTMENT... I'M JUST RUNNING A LITTLE LATE. I'LL BE RIGHT THERE...
SCRAMBLE SCURRY RUSH DASH
DENTAL OFFICE
WHEW... HOME IN TIME FOR LUNCH ... AND THEN THE AFTERNOON IS MINE...
GLAD THAT'S DONE... NOW I BETTER RUN A FEW ERRANDS.
I BETTER TAKE A LOOK AT MY CALENDAR. OH SHOOT, I NEED A BIRTHDAY CARD FOR MY SISTER...
...BETTER GET BACK TO THE STORE SO I CAN MAIL IT TODAY!
OH, BACK HOME AGAIN. GLAD I REMEMBERED MY SISTER, THAT REMINDED ME TO GET MY CAR SERVICED... BUT NOW THE REST OF THE DAY IS MINE TO RELAX. WONDER WHO'S ON OPRAH...
CLICK
RING-A-RING-A-RING
HELLO, YES... A UNIT MEETING ON 3-CENTER. THEY WOULD LIKE ME TO ATTEND... WELL, OKAY. I'LL BE THERE
...AT LEAST I'LL STILL HAVE MY EVENING FREE. MAYBE I'LL GET OUT MY CROSS STITCH.
RING-A-RING-A-RING
HELLO, OH HI. YES I'VE BEEN BUSY ALL DAY. JUST GOT BACK FROM THE HOSPITAL. OH, IT'S MY TURN TO MAKE COOKIES FOR THE NURSE'S LUNCHEON TOMORROW. YOU NEED 8 DOZEN?!! NO PROBLEM, ... THIS IS MY DAY OFF!!!
....NEXT TIME I'LL LEAVE THE PHONE OFF THE HOOK!!!

Back Issues

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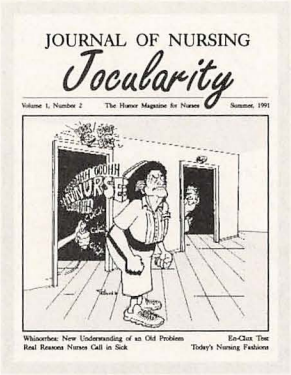

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Punchline Puzzler

Winner from our last issue. We had 24 captions submitted

What I'm trying to say is, it's just nice to come to work and get away from all that noise and stress at home . . .

Winning caption by
Kip Anderson, CRNA
Kirksville, MO

Runner-up captions

I found your medical card!
St. Bernadines Emercency Dept.
San Bernardino, CA

I don't know why he is crying. Your insurance will cover this.
Dennis Hefner, LPN
Syracuse, NY

This cartoon needs a punchline. The Journal of Nursing Jocularity will award $25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. Send your entry on a postcard to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by March, 30, 1996.

Special thanks to Greer of the C-Fu Gormet Judging Committee

Nursing Logic

by Donna Powers, RN, BSN

Kelly works in the laundry of a nursing home. She is folding laundry, and trying to remember which sweater and which blanket go to which patient. Can you help her?

1. Ms. Carson doesn't have a plaid blanket, or a black sweater
2. Miss Long did not have a flowered blanket; she had a blue sweater.
3. Mrs. O'Hara has a white sweater, she doesn't have a paisley blanket.
4. The woman with a green sweater has a striped blanket
5. One of the women has the flowered blanket.
6. The patient with the black sweater has the paisley blanket.

Use the chart to help you sort out the clues. Place a - in the spaces for combinations you have ruled out and a + in the spaces which you have correctly matched.

Solution on page 42

	Blue Sweater	Green Sweater	Black Sweater	White Sweater	Plaid Blanket	Striped Blanket	Flowered Blanket	Paisley Blanket
Mr. Hanson								
Miss Long								
Ms. Carson								
Mrs. O'Hara								

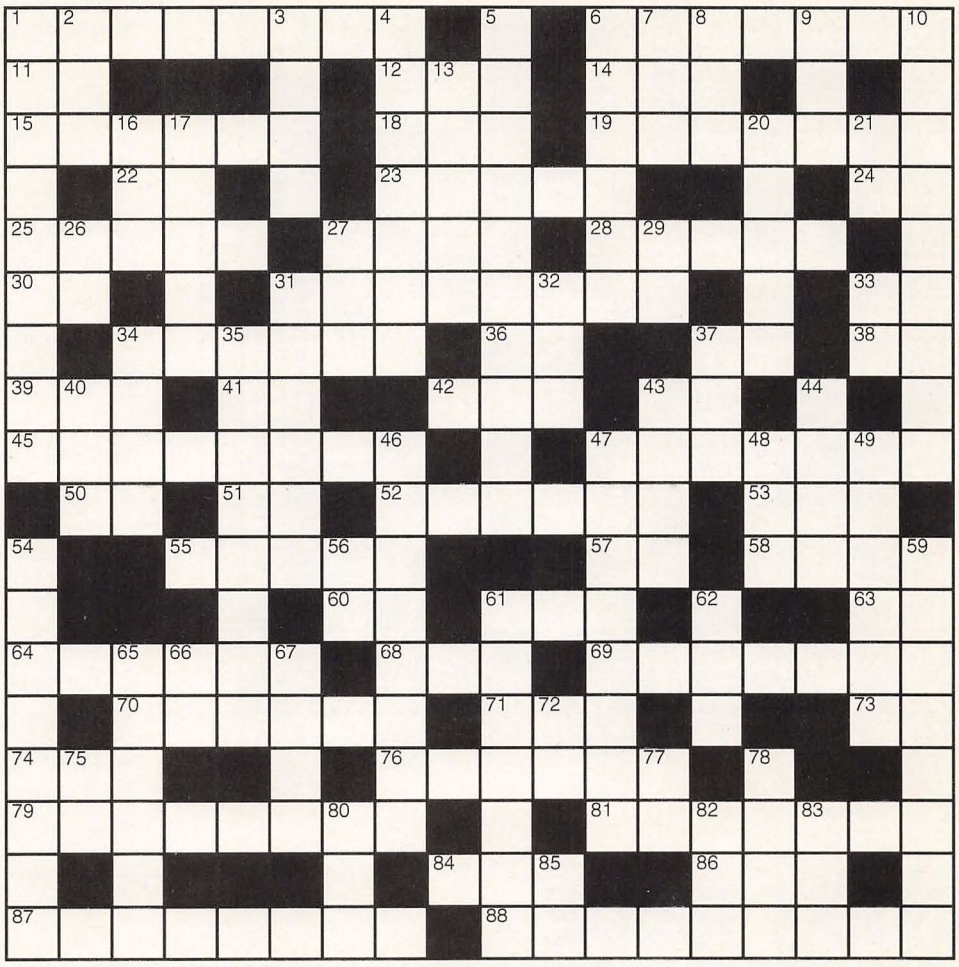
Famous Founders

Bina Goodman Simon, RN, BSN

Decipher the following to obtain the last names of people who have diseases, tumors, syndromes, etc. named for them. For example, "wond" = Down, for Down's syndrome. Those with an asterisk consist of two names joined by a hyphen. Solution on page 42

1. Huge car
2. Prank is on
3. I help WP
4. Got nun thin
5. S. Lee, RN, oiling Zoll*
6. Eyer
7. I'm Renee
8. I ruin regal lab*
9. R.V. ages
10. A day run
11. Ask of fork

JNJ CROSSWORD



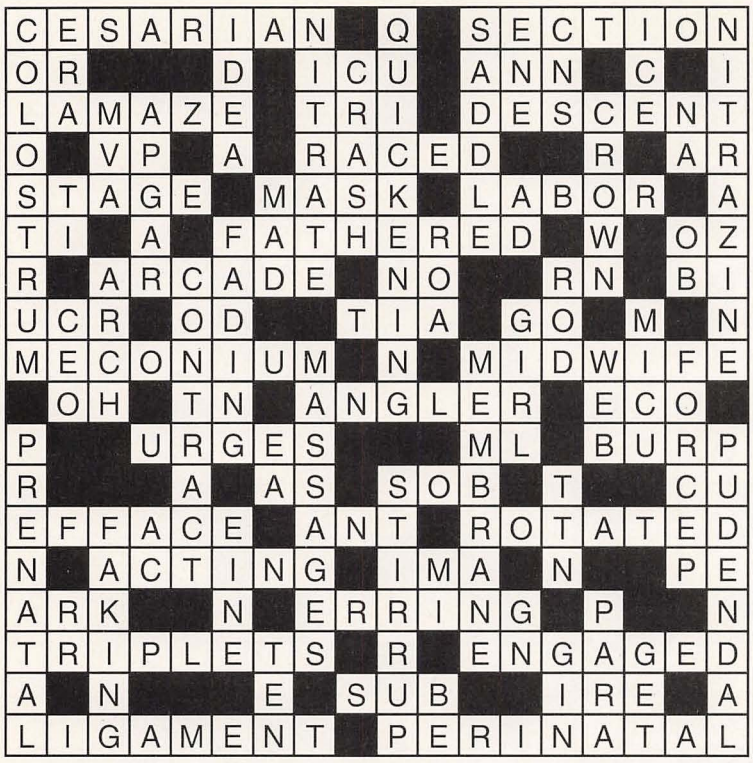
Maternity Nursing
by Pauline Donnelly, RN, BSN

Across

1. & 6. birth through incision
6. see 1.
11. surgeon's arena
12. unit for critically ill
14. girl's name
15. breathing class
18. three
19. baby's downward journey
22. president's second in com mand
23. sped
24. argon
25. labor phase
27. worn on the face
28. work of birth
30. titanium
31. sired
33. 8 lbs 1__!
34. video playground
36. negative
37. delivers if MD absent
38. two
39. usual & customary rate
41. right eye
42. small stroke
43. proceed
45. newborn's BM
47. CNM
50. Ohio
51. Tennessee
52. fisherman
53. environmental prefix
55. encourages
57. cc
58. baby's after dinner noise
60. aortic stenosis
61. dyspnea
63. copper
64. to thin the cervix
68. opposite of post.
69. turned
70. pretending
71. girl's name
73. pulmonary embolism
74. Noah's ___
76. making a mistake
79. triple trouble
81. when head starts to descend
84. below, beneath
86. anger
87. stretches from uterus to pelvic bones
88. around the birth

Down

1. first breast milk
2. time period
3. thought
4. silver _____ drops
5. feeling life
6. OB nerve block
7. compass direction
8. nervous system
9. frigid water
10. _____ paper
13. code, deteriorate
16. car accident
17. best score is 10/10
20. visible baby's head
21. sodium
26. same as 30 across
27. crazy
29. commercial
31. becoming less
32. right occiput anterior
33. maternity doctor
34. bend
35. squeeze
37. boy's name
40. head honcho
43. It's a ____!
44. ICU for Mom
46. kneads the uterus
47. amniotic sac
48. spider's home
49. baby extraction aid
54. before birth
56. each
59. OB nerve block
61. labor foot/leg holder
62. transient tachypnea of the newborn
65. pretending
66. before meals
67. German one
72. do, re, __
75. railroad
77. new nurse
78. # of live births
80. best Apgar score
82. goes with tonic
83. obtain
85. to "__"



Nursing Logic Solutions

Mr. Hanson owned a Black Sweater and Paisley Blanket

Miss Long owned a Blue Sweater and Plaid Blanket

Ms. Carson owned a Green Sweater and Striped Blanket

Mrs. O'Hara owned a White Sweater and Flowered Blanket

Famous Founders Solutions

1. Gaucher
2. Parkinson
3. Whipple
4. Huntington
5. Zollinger-Ellison
6. Reye
7. Meniere
8. Guillain-Barre
9. Graves
10. Raynaud
11. Korsakoff

NEXT ISSUE

The Nurse's Bladder by Pauline Donnelly, RN, BSN. Ever yearn for a bedpan? Anatomy and physiology of a nurse's bladder.

A Moving Experience by Ellis Landsean, RN, BA. Discharge plans that left out one big issue.

Nurses' Games by Elizabeth Key, RN, BSN. An analysis of this year's competition.

A Day In The Life Of A Burn Nurse by Joyce Dupuy, RN, MSN. Read this before you put in that transfer to the Burn Unit.

Just Trying To Mind My Own Business by Beverly J. Spivey, MD. Everyone wants free medical advice.

Super-Chicken Shakes, Rattles and Rolls with the LA Quake by Janice Griffin RN, PHN, BA and Tiffany Ferrantelli. We each bring a multi-dimensional personality to nursing. This is Super-Chicken's story.

Clinical Ladders: Giving Nurses a Step Up by Susan L. Fletcher, RN, BSN. The Ketchup Clinic's new Clinical Ladders program helps nurses face the horizon with confidence.

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HUMOR X

by Karyn Buxman, RN, MS

This issue we'll take a look at a collection of works edited by Glenn Ellenbogen. We have numerous things to thank Glenn for, but top on that list would be that his periodicals inspired *JNJ*'s founder and publisher, Doug Fletcher. Doug picked up a copy of the *Journal of Polymorphous Perversity (JPP)* and saw the potential for a similar magazine aimed at the nursing and health care market.

During his graduate work, Ellenbogen began writing humorous and satirical articles spoofing psychology. In 1980 he founded Wry-Bred Press, a small publishing company devoted to producing and distributing humorous works of psychology. The first articles, authored by Ellenbogen, were humorous "monographs," published under the banner of a *fictitious* periodical, the Journal of Polymorphous Perversity. As his monographs made it into the hands of various mental health professionals, Ellenbogen received letters of encouragement to "keep up the good work" and the journal was "just what the field needs." In addition, he then began receiving humorous pieces for consideration for this *non-existent* journal! Clearly the need existed for a forum where psychologists could publish humorous and satirical pieces spoofing their field.

So in 1983, Ellenbogen, now PhD and editor, began laying the groundwork for a *real* humorous and satirical journal of psychology. And on January 2, 1984, he published the first issue of the *Journal of Polymorphous Perversity*, to provide a dose of humorous medicine to the fields of psychology and psychiatry. Now in it's 12th year, *JPP* readers have been treated to such humorous gems as "The Issue of No-Show Subjects: A Failure to Replicate Non-Data on Non-Volunteer No-Shows," "A Twelve Step Program for the Dead," "Recurrence of the Deja Vu Phenomenon Among Professional Psychologists" and later in the same publication, "Recurrence of the Deja Vu Phenomenon Among Professional Psychologists."

Journal of
Polymorphous Perversity

Vol. 12/No. 1
Spring 1995

A publication of Wry-Bred Press, Inc.
ISSN 0195-1148

The *Journal of Polymorphous Perversity* is a bi-annual publication primarily targeted for folks with an interest in psych, but also would be of general interest to nursing and nursing students. If interested in subscribing to this publication, contact Wry-Bred Press, Inc., P.O. Box 1454, Madison Square Station, NY, NY 10159-1454; phone orders: 212/689-55473; FAX orders 212/689-6859. A one year subscription is currently $14, a two year subscription is $24. Back issues are available for $7.00 each, clear back to 1984.

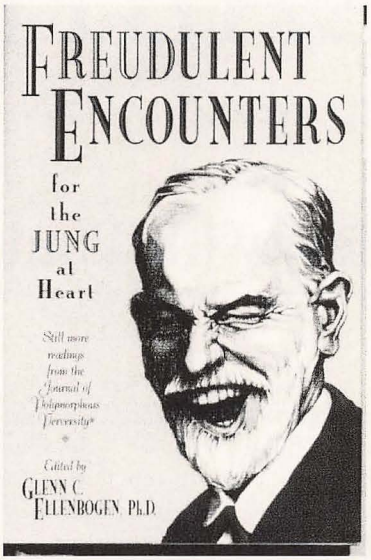
In 1986, it became clear that an anthology was in order. Thus, *Oral Sadism and the Vegetarian Personality* was published. Here is a smattering of the dozen categories in this anthology: **Psychotherapy** ("The Etiology and Treatment of Childhood"— *Well over half of all Americans alive today have experienced childhood directly, a syndrome marked by a) dwarfism, b) knowledge deficits, and c) legume anorexia.*); **Psychoanalysis** ("A Modern Day Psychoanalytic Fable"—*When Cinderella left her glass slipper behind at the stroke of midnight, she was clearly acting in a state of rebellion against the dictatorial regimentation of the domineering fairy godmother.*); and **Contemporary Issues in Psychology** ("Collaborative Research and Publication: An Experimental Investigation of the Dynamics Underlying the Trend Toward Multiple Authorship in Scholarly Psychological Publications"— *authored by Edward Polloway, Ed.D., Thomas A. Looney, Ph.D., G. Kenneth West, Ph.D., Renute N. Motroopin, Ph.D., J. David Smith, Ed.D., M.E. Gordon, Ed.D., Riccumulur Evita, Ph.D., Thomas W. Decker, Ph.D., Michael H. Epstein, Ed.D., Douglas Cullinan, Ed.D., James W. Patton, Ed.D., John T. McClure, M.A., Peter D. L. Warren, Ph.D., and Carl R. Smith, Ph.D.* of Lynchburg College.)

By 1989, Ellenbogen and his publisher were delighted to find that his first book was well-received by the psychological community long accustomed to

consuming serious, dry, and ofttimes stodgy psychological texts. Ellenbogen shared, "A second assault upon all that is serious in psychology is required to reinforce the healthy, therapeutic dose of humorous perspective provided by *Oral Sadism and the Vegetarian Personality*. That assault comes in the form of this second anthology... *The Primal Whimper*."

As with the previous book, this collection of pseudo-psychological studies by *JPP* is broken down into a dozen categories. Here is a sampling from a few: **Psychological Testing** ("The Freidberg Clinical Inventory: A Test of the Freidberg Personality Configuration"— *on a scale of 1-5 {always, sometimes, never} a sampling of the inventory: Complaining is my favorite aerobic activity; I am suspicious of the 7 Dwarfs' relationship with Snow White; I have trouble discriminating between "always," "sometimes," and "never."*); **Statistics** ("A Beginner's Guide to Statistical Terms in the Psychological Literature"—*bivariate relationships do not provide the spread of AIDS; it is not sexist to use the term "MANOVA," although some feminists prefer "PERSONOVA;" the terms "mean" and "median" refer to preferred measures of central tendency, except when the variable is ice cream {one does not speak of "pie a la mean" or "pie a la median."}*); and **Contemporary Issues in Psychology** ("Hospital Privileges for Psychologists with the Write Stuff: Medical Records Revisited"— *Patient was blue at birth and did not cry for three to five minutes after conception; suicide has become a grave problem among today's teenagers; mental ability: absent.*).

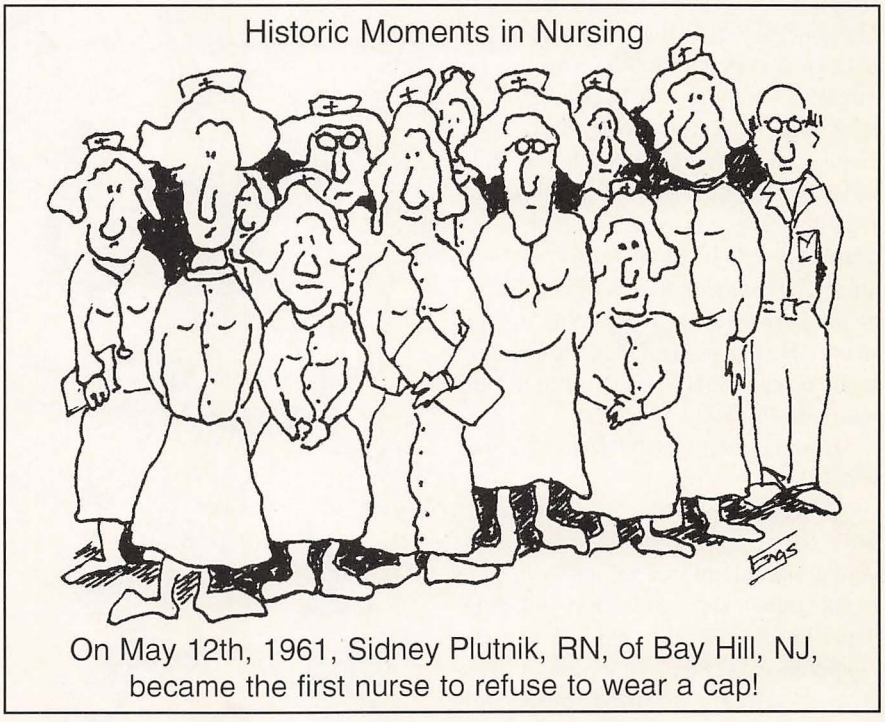
And then, 1992 brought another assault on "the stuffy, the stodgy, and the stoic." Ellenbogen published *Freudulent Encounters (for the Jung at Heart)*. A few categories include **Educational Psychology and Education** ("Understanding Your Advisor: A Survivor's Guide for Beginning Graduate Students"— *what the advisor says: "the students in our program are competitive," what the advisor means: "the students in our program stab one another in the back;" what the advisor says: "the students are friendly but competitive," what the advisor means: "the students smile at one another— and*



then stab each other in the back;" what the advisor says: "your paper is interesting and worthy of publication, after correction of a few crucial omissions," what the advisor means: "my name isn't on it!"); **Psychodiagnostics** ("'Life to Go": The Relationship of Country Music to Psychopathology'— *related to depression: "I don't know whether to shoot myself or go bowling;" related to relationship issues: "I wouldn't take you to a dog fight even if I thought you could win;" and related to identity disorder: "you pretend I'm him and I'll pretend you're her."*); and **Psychotherapy** ("Twelve-Step Program for the Dead"— including *Accept the fact that you are dead, stop fighting it, remind yourself that death is simply nature's way of telling you to slow down; Relinquish materialism and let go of worldly possessions, remember, you can't take it with you;* and *Remind yourself that death is a disease, it begins the day you are born, progresses until the day you die, and then takes over completely, for 10 out of every 10 people this disease is fatal.*

If you're unable to find these books at your bookstore, all the above mentioned publications are available from Wry-Bred Press (address given above) . *Oral Sadism and the Vegetarian Personality* in paperback is $5.99 + $3.50 S&H; *The Primal Whimper* in paperback is $8.95 + S&H; and *Freudulent Encounters for the Jung at Heart* in hardcover is $19.95 + $3.50 S&H.

See you next issue! Until then, I remain yours in laughter! Karyn



JEST for the HEALTH of IT!

by Patty Wooten, BSN, a.k.a. "Nancy Nurse"

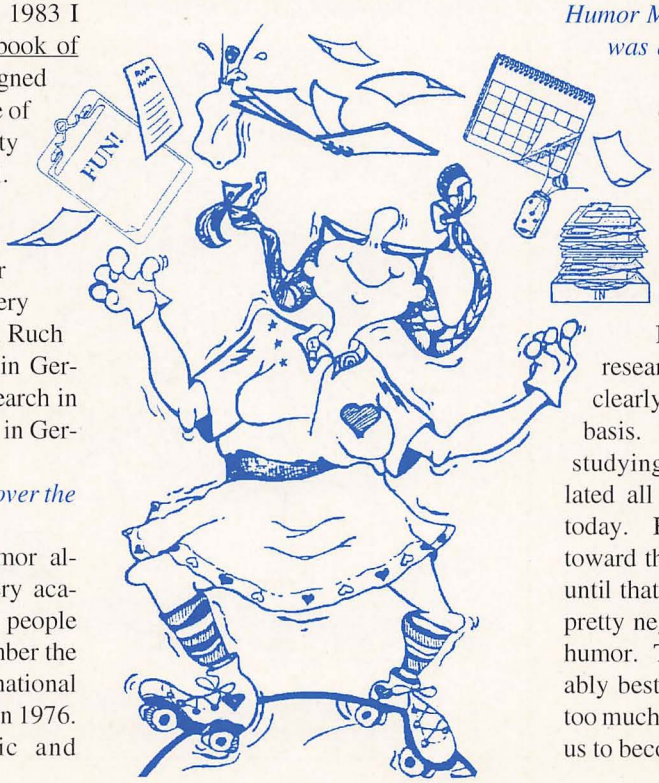
Interview with Paul McGhee

Paul, you've been involved with humor research for many years. Can you tell us what it was like during those early days?

I've been involved in humor since 1968 when I did my doctoral dissertation on the development of humor in children. During the '60's there was very little serious attention given to humor. In 1972, Jeffrey Goldstein and I edited a book called Psychology of Humor and it was difficult to get original chapters that did not reflect a psychoanalytic approach to humor. In 1983 I edited a book called The Handbook of Humor Research, which was designed to draw attention to a broad range of key issues and improve the quality of humor research in general. Even today, many researchers fail to use the same rigor in studying humor that you expect in other areas of research. But there are very strong researchers, like Wilhelm Ruch at the University of Dusseldorf in Germany. He has published his research in many professional journals, both in German and English.

How has your work changed over the years?

When I began studying humor almost thirty years ago, I was very academic and committed to getting people to take humor seriously. I remember the paper I presented at the 1st International Conference on Humor in Wales, in 1976. It was titled: "Philogenetic and oncogenetic considerations for a theory of the origins of humor." So you can imagine how much fun I was (NOT) having with humor back then. Now, as you can see from my picture, I've stopped taking myself so seriously, and am having a lot more fun teaching people how to develop their sense of humor. My focus has shifted from basic research to working full-time as a professional speaker, and teaching practical methods of developing humor skills so you can learn to use humor as a coping skill in everyday life. My latest book, How to Develop Your Sense of Humor, reflects over twenty years of research on humor development. It's listed in the Jocularity Catalog.



And you'll be speaking on that very topic at the next Journal of Nursing Jocularity conference in St. Louis next June.

Yes, I'm very pleased and excited to be an invited speaker.

From your perspective, has there been any major turning point in the Humor Movement? A point when there was a significant shift.

Yes, I'd say the biggest shift came with the publication of Norman Cousins' book Anatomy of an Illness. I remember, when I first heard Norman tell his story at the 2nd International Humor Conference in Los Angeles in 1979, I was very critical of it. As a researcher, what he was saying was clearly an anecdote, with no scientific basis. But he opened the doors to studying humor, and directly stimulated all the interest in humor we see today. He changed our basic attitude toward the idea of studying humor. Up until that time, the media was generally pretty negative about doing research on humor. This was a topic that was probably best left unstudied. They felt that too much research on humor might cause us to become deadly serious all the time,

and as a result, we would lose a valuable skill for coping with difficult times. Cousin's story helped to open people's eyes to the powerful positive contribution humor could make to our health and well being. This created a strong motivation to understand and develop our humor potential. My book is designed to help people do exactly that.

From a developmental psychology perspective then, how does our sense of humor evolve?

I believe that there is an underlying cognitive basis for all humor. And basic changes in cognitive development cause children all over the world to show certain transitions in the development of their sense of humor. Children first experience humor about the same time that symbolic play starts, toward the end of the first year. Some argue that it starts earlier, for example when the infant shows laughter during the "peek a boo" games. But, any time you surprise infants in a safe and familiar context, you can get laughter, and there are other explanations for this laughter that does not require humor. True humor occurs at this earliest stage with the cognitive awareness of reality and the choice to be playful and have fun. For example, we've all played that game with children: "Show me your nose . . .show me your eyes . . " The child always gets it right, but there always comes a day when she gets a playful glint in her eye and points to her ear when you say, "nose." She knows the right answer, but it's a lot more fun to turn reality upside down and pretend it's something else. I think that this is the essence of our earliest experience of humor, and we don't have to be taught it's funny.

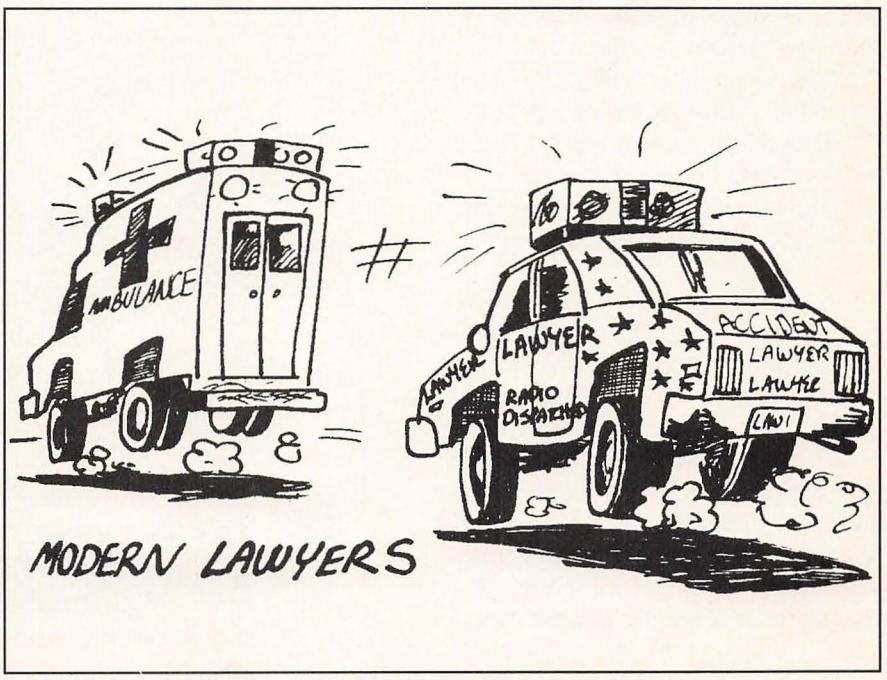
The next major transition occurs at about age six or seven, when kids start to understand riddles. I once did a study where I would give kids a riddle and two choices of the "funniest" answer. One was the joking answer and the other was a serious answer. For example: "Why did the old man tiptoe past the medicine cabinet?" A) Because he dropped a glass and didn't want to cut his foot. B) Because he didn't want to wake the sleeping pills. The kids had to simply choose the funniest answer. Five and six year olds were clearly guessing, but starting at age seven, they began to consistently choose the joking answer. The onset of understanding of riddles at this age is what Swiss child psychologist Jean Piaget calls *concrete operational*

thinking. This new cognitive ability enables the child to keep two ideas (or two meanings of a word) in mind at the same time. The child begins to see that both answers make sense, but one makes sense in a different way—and it's that different way that makes it funny.

Paul, you have so much to share with us, I'm wishing this was an interview for a book rather than just an article. It will be wonderful to have you share more with us at the next Humor Skills for the Health Professional conference in St. Louis in June of 1996. As a summary, please describe your views on the differences between humor, laughter and play.

Play—actually, a playful frame of mind—is the basic prerequisite for humor. It's an attitude that you bring to your daily life that allows you to experience humor. Humor is a complex intellectual and emotional experience. It's an intellectual insight that triggers the experience of humor, but our emotional state at the time influences whether that insight occurs. The emotion we experience following the cognitive experience of humor is joy and exhilaration. Laughter is the way this exhilaration and underlying physiological arousal manifests itself. But you can experience humor, and not laugh at all. Laughter is influenced by a broad range of cultural, gender and personality factors.

I suppose there were early indications that I would devote my life work to the studying humor and promoting its development. My second grade report card stated (twice!): PAUL PLAYS TOO MUCH!



Bubbly-ography

and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Computer Access

Idea Nurse. You'll find one RN on the Internet - Peter Ramme, RN of Santa Barbara, CA. He has a spot on the World Wide Web, and keeps it up to date with good stuff for nurses. So NetSurfin' Nurses, take a look at http://www.callamer.com/itc/nurse, then let Pete know what you think.

Humorous Books & Magazines

Men are from Detroit, Women are from Paris: Cartoons by Women, edited by Roz Warren. What do women really think about men? More than twenty women cartoonists share their hilarious observations in this collection. From Garden Variety Gays to Fantasy Men, you'll recognize all the men you know and love in this very funny book. $6.95. Available from Crossing Press, 800-777-1048.

Toon Up: Self-Health Humor by Ed Fischer and Jeff Haebig, PhD. Cheer up! Shape up! Laugh it up! Toon Ups inspires people to do all three with optimism, good eating, physical fitness, medical self-care and more. Ed Fischer is a syndicated cartoonist and Jeff Haebig is a health educator. Available for $9.95 + $3 S&H from Wellness Quest, 1541 7 1/2 Ave, NE, Rochester, MN 55906. MN residents add 6.5% sales tax.

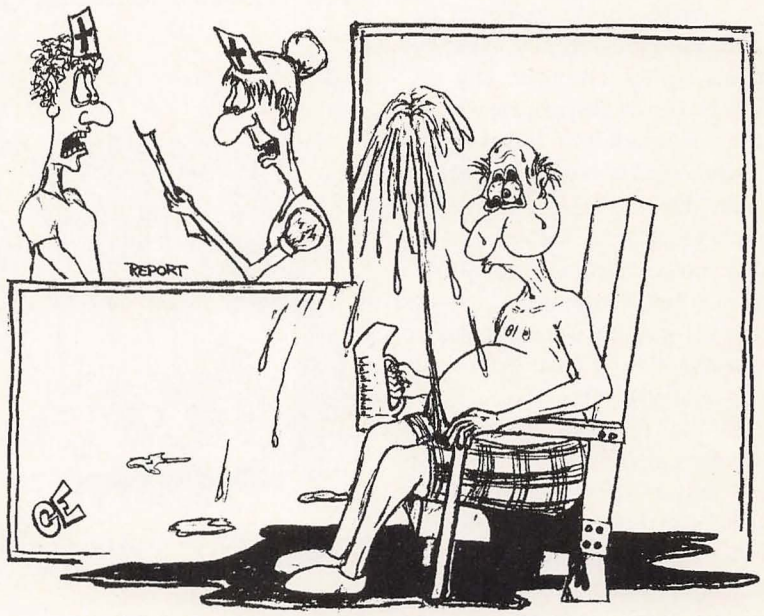
She Laughs and the World Laughs With Her by Dr. Ann E. Weeks. A book about women's use of humor to deal with life's challenges. Women are sharing with other readers how they were better able to deal with a situation because of a funny remark, someone's humorous actions or just a silly thought. $10.95 + $3.50 S& H, Passages Publishing, PO Box 5093, Louisville, KY 40205, 502-458-2461.

Humor Research Books & Articles

Humor and the Health Professions, by Vera Robinson, RN EdD. Extensive coverage of humor in communications, interpersonal relationships, patient education, and the work environment. The 2nd edition includes 3 new chapters that explore clinical applications of humor. For information write: Slack Inc. 6900 Grove Rd, Thorofare, NJ 08086-9447.

Humor at Work: The Guaranteed, Bottom-Line, Low-Cost, High Efficiency Guide To Success Through Humor by Lynne Alpern and Esther Blumenfeld. Learn the inside track on using humor to improve your speeches and negotiations, in developing management abilities and leadership roles, and in guiding you through the pitfalls of day-to-day life. Available at your local bookstore or from the publisher at (800) 241-0113.

Making Sense of Humor: How to Add Joy to Your Life by Lila Green offers fun-filled yet practical tips on how to add laughter to your home, office, classroom or any environment that could stand to "lighten up" a bit. Cost $10. Available from Knowledge, Ideas & Trends, Inc., 1131-0 Tolland Turnpike Ste 175, Manchester, CT 06040, 1-800-826-0529.



. . . and I just pulled out his foley, got him up in a chair and gave him a suppository for you.

Humor Newsletters

The Joyful Noiseletter is published by the Fellowship of Merry Christians. It is chock-full of hilarious clean jokes, cartoons, and upbeat anecdotes to brighten up sermons and church newsletters, and strategies for using humor as an aid to healing. Write to: The Fellowship of Merry Christians, P.O. Box 895, Portage, MI 49081-0895 or call 1-800-877-2757.

The Opposable Thumb is a liberal-tainted, perversity peddling, degrading, demeaning, disposal-bound scandal sheet from a wonderfuly funny organization calling themselves the Darwinners. Full of rib-tickling stories and commentary about our evolving world. Also the distributors of the evolving fish. For more info, write to: The Darwinners, 6671 Sunset Blvd., Suite #1525, Los Angeles, CA 90028.

The Underside of Nursing by Critical Care Nurse Poet (CCNP) Pete Hupp RN. This monthly publication offers a poetic look at the daily life of a nurse, working in todays hospital environment. No topic is too sacred to be made fun of. No subject so smelly that it won't rhyme. A yearly subscription can be had for only $5.00. A small price to pay for a good laught! Write to: The Underside of Nursing, POB 371, Paradise, CA. 95969

Gags, Gifts, Toys, & Miscellaneous

The Animating Apothecary. Uncle Stan, the alter ego of Jim Middleton, a pharmacist and internationally acclaimed animator who tries his darndest to find humor in the health care world. His postcards, along with a listing of other doodads of questionable merit, are available at $6 for each packet of thirty from The Animating Apothecary, 201 Arcadia Blvd, Battle Creek, MI 49017, (616) 964-8703.

Humerus Cartoons Postcards is Jennifer Bermans's way of clinging to her sanity in an increasingly droll world. Includes such hilarious cartoons as: VooDoo Doctor Doll and When Backs Go Out and Adult Children of Normal Parents. The laughs you get from the catalog alone are worth the $1 charge. For your almost free catalog, send $1 bill and #10 size SASE to Humerous Cartoons, Box 6614, Evanston, IL 60204-6614.

Workshops and Seminars

The Positive Power of Humor and Creativity. 11th annual international conference to be held April 19-21, 1996. Features special pre-conference workshop by Joel Goodman along with dozens of dynamic keynotes and practical workshops. For brochure, contact The HUMOR Project, Dept. JNJ, 110 Spring St., Saratoga Springs, NY 12866 or call 518-587-8770.

Audio & Video Tapes

Humor to Go! Audio Tapes by Jim Pelley, CSP. Discover the power and value of a positive and appropriate sense of humor. These tapes focus on tools and skills for reducing stress and solving problems creatively. Learn how laughter works with effective communication, values clarification and developing creativity. (2hrs, recorded live). $20 + $2.50 S&H. Laughter Works, PO Box 1076, Fair Oaks, CA 95628.

When you write to these organizations, don't forget to mention the Journal of Nursing Jocularity.

Is your hospital or organization looking for a speaker for their next conference or workshop?

The Journal of Nursing Jocularity's Speakers Bureau can help you find a speaker within your budget who can talk on humor, stress, positive attitude or a similar subject. This is a free referral service.

You may reach the Journal of Nursing Jocularity's Speakers Bureau at 602-835-6165.

If you are a speaker on the therapeutic use of humor or related subjects and would like to be listed in our Speakers Bureau, please contact us for more information.

Writers and Artists Needed

Are your stories or artwork as funny or funnier than you've seen here? Then what are you waiting for? Send a 9 x 12 self addressed envelope with 52¢ postage to:

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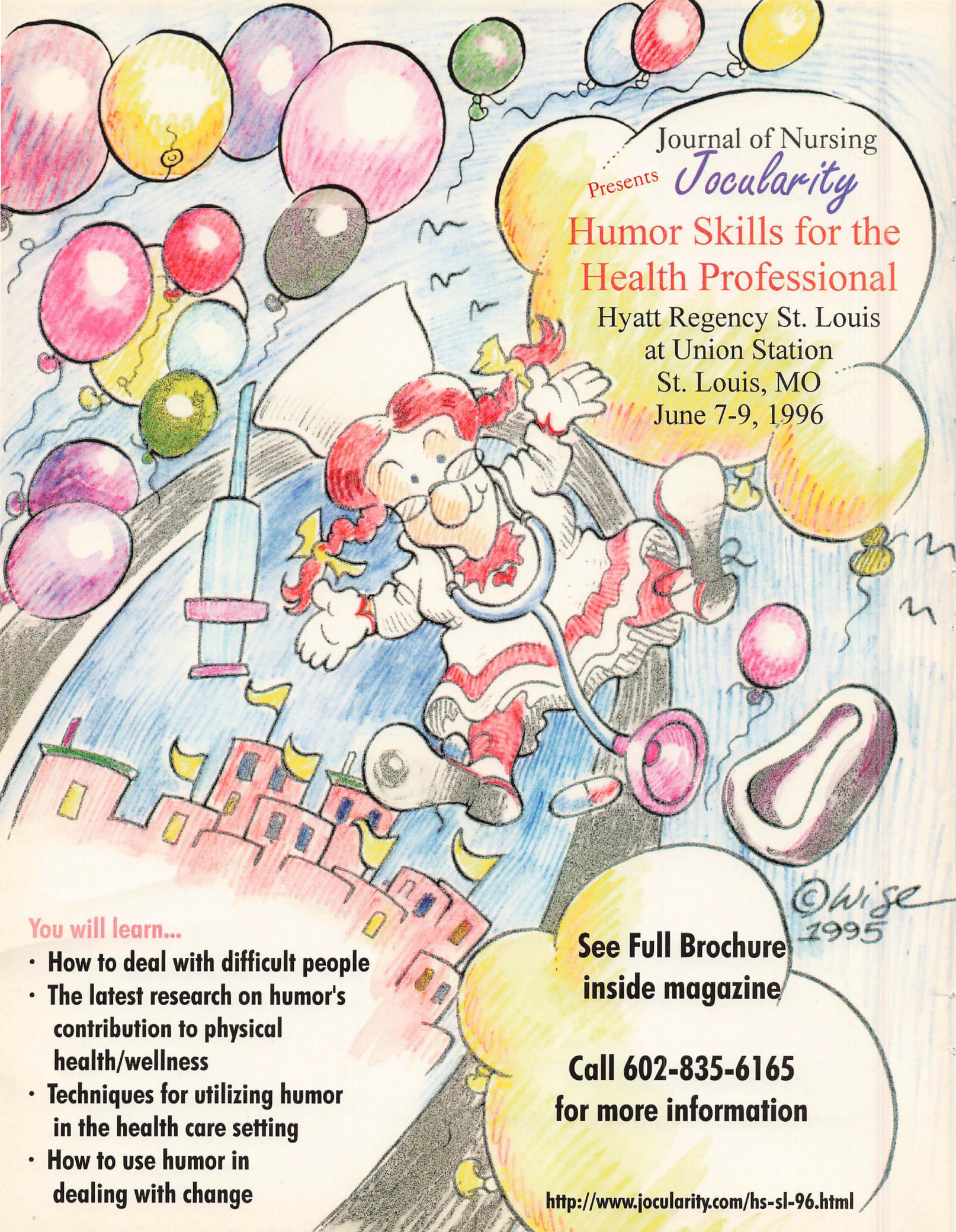
We will send you complete guidelines for submitting material.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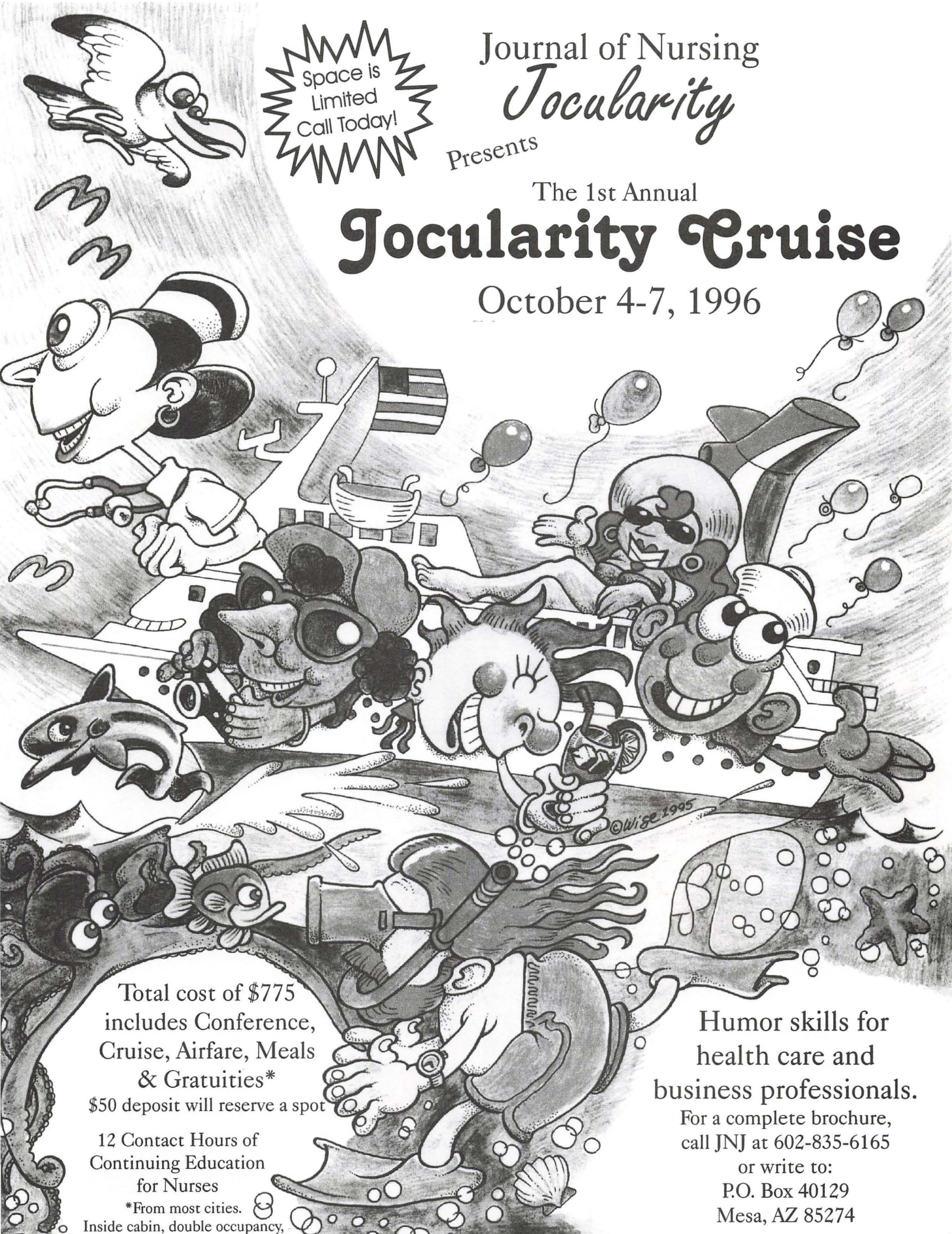
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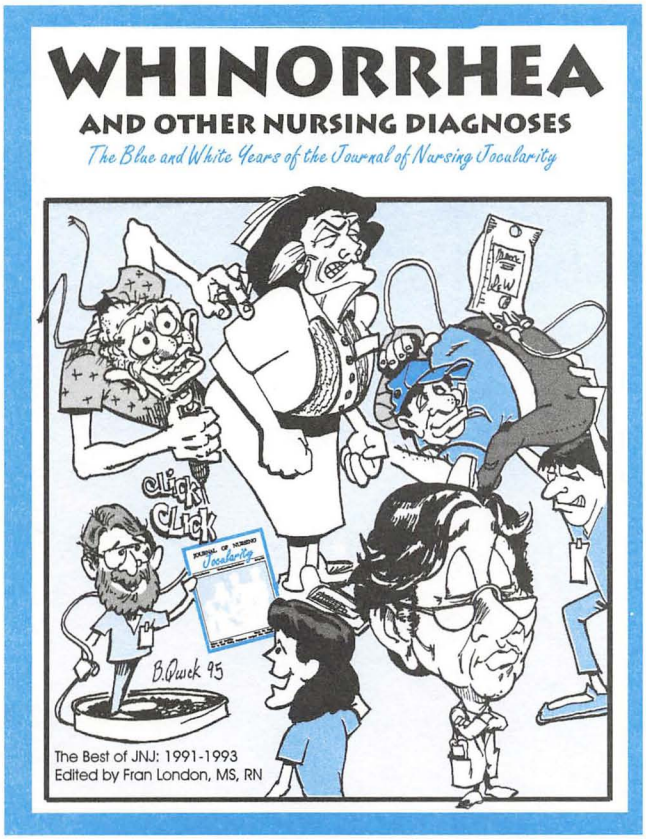

Whinorrhea and other Nursing Diagnoses is a MUST HAVE book for any nurse with a sense of humor. Over 200 pages of hilarious stories and cartoons from the Journal of Nursing Jocularity's first three years. At $18.95, it's a great bargain, and if you buy two or more, it's only $15.95 a copy. **Makes a great gift! See details in the Jocularity Catalog in the center of this magazine.**

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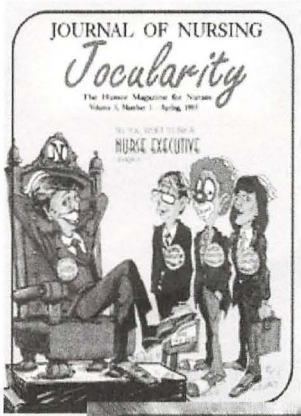

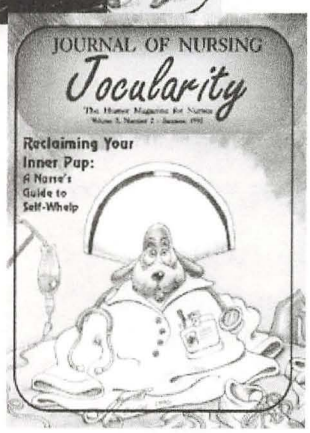

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